

Scholarship Application

New Ulm Medical Center Foundation

Please check the following scholarship(s) you wish to apply for (you may apply for more than one)*:

- | | |
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| <input type="checkbox"/> Charlotte West Anderson Medical Career Scholarship
<input type="checkbox"/> Carol L. Ryberg Nursing BSN Scholarship
<input type="checkbox"/> Carol L. Ryberg NP/PA Scholarship | <input type="checkbox"/> Ida Ozias Nursing Scholarship
<input type="checkbox"/> Kay Witt Nursing Scholarship
<input type="checkbox"/> Dr. Marc and Lori Burkhardt Medical Scholarship |
|--|--|

Please note eligibility, process and selection criteria requirements are different for each scholarship, so ensure the requirements of the scholarships of which you are applying are reflected in your application. You are invited to apply for each scholarship of which you are eligible. Each scholarship requires a personal essay along with copies of additional documentation. Applicants are required to submit **one essay and one copy of accompanied documentation, which can be used for each corresponding scholarship being applied for. Application must be typed and only one application is required. Please do not staple the application.*

Please save file to your desktop or file storage area prior to filling out application.

Personal Information

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

Educational Information

School Name/Address	Course Major/Minor	Last Year Attended	Duration of Time Attended	Diploma Degree	G.P.A.
High School					
College/University					
Other					

Employment Experience (please list most recent to least recent)

1) Employer Name/Address _____ Dates _____

Position _____ Reason for Leaving _____

2) Employer Name/Address _____ Dates _____

Position _____ Reason for Leaving _____

3) Employer Name/Address _____ Dates _____

Position _____ Reason for Leaving _____

Describe significant volunteer, school or community involvement:

Describe academic and career goals:

What are your expected education expenses for the 2022-23 school year (e.g. tuition, room and board, fees and books) and how do you plan to finance them?

Program Acceptance

Check the program in which you are currently enrolled:

L.P.N. R.N. (2 Year) R.N. - B.A./B.S.N. (4 Year) M.S.N (Masters) P.A. N.P M.D./D.O.

Other Program (please list): _____

(*other only applicable to Charlotte West Anderson Scholarship)

Date accepted into program: _____ Expected date of graduation: _____

School Attending _____

Expected Degree Earned _____

I certify all information in this application and required attachments are correct and will notify New Ulm Medical Center Foundation of any changes.

Applicant Signature

Date

Please ensure your completed application form, essay, letters of recommendation, transcripts, and acceptance letter from accredited program is post-marked or delivered to the Foundation office by **April 1, 2022**:

Missy Dreckman-New Ulm Medical Center Foundation
1324 5th North Street, New Ulm, MN 56073