

## Sanford Medical Center Auxiliary 2019 Scholarship Information

1. Offered by Sanford TRF Auxiliary, Thief River Falls, MN.
2. Purpose: To encourage young people to enter a medical field.
3. Educational aid offered:

*The amount of the scholarship award shall be five hundred dollars (\$500). It will be paid to the school of the recipient's choice upon their registration for second semester or quarter of course works in a medical field.*

*This scholarship is renewable for a second year for an additional \$500 if all requirements are met the first year.*

4. The candidate for this scholarship must be:
  - a. A resident of the area served by Sanford Medical Center Thief River Falls.
  - b. A high school senior or graduate with a good scholastic record. A high school graduate in his/her second, third, or fourth year of college may re-apply for the scholarship, but preference will be given to first-year applicants.
  - c. Of good character with ambition to continue studies in a medical field.
5. Deadline: Applications must be received at the Sanford TRF Auxiliary office on or before April 5, 2019.
6. We must also receive two letters of reference for the candidate on or before April 5, 2019 (either accompanying the application or sent separately by the person completing the reference). These reference letters are to be completed by people who know the applicant well but are not related. Such people may include: teachers, principals, counselors, clergy, business people or employer.

***Please be sure you have included:  
application form, school transcript,  
and two letters of reference  
(unless the reviewer is sending them separately).***

**Sanford Medical Center Auxiliary  
2019 Scholarship Application Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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Name and location of school to which you have already made application:

School: \_\_\_\_\_ Location: \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_

Have you been accepted for admission and be enrolled as a full time student? (*circle one*)    Yes    No

Please state the specific area of the medical profession you are considering:

\_\_\_\_\_

Please share your reasons for choosing this specific medical field and how you gained the information to make this choice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share with us your work or volunteer experiences in a medical field:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:** List below the names of those persons whom you have asked to complete a personal reference form. Choose references who can reflect your commitment to the medical field. Such people might be teachers, principals, counselors, clergy and those in business. None are to be related to the applicant. ***Please make sure they send the reference by April 5, 2019.***

	Name	Address	Occupation
1.	_____	_____	_____
2.	_____	_____	_____

**Other Activities:** List activities participated in during your high school career (examples may include 4-H, church youth groups, drama, music, etc.).

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***Please attach a copy of your high school transcript.***

Signature of Scholarship Applicant: \_\_\_\_\_

Deadline: April 5, 2019

**Return all forms to:**  
**Sanford TRF Auxiliary**  
**c/o Scholarship Committee**  
**3001 Sanford Parkway**  
**Thief River Falls, MN 56701**

**Sanford Medical Center Auxiliary  
2019 Scholarship Personal Reference Form**

Name of Applicant: \_\_\_\_\_

*The above applicant is a candidate for the Sanford TRF Auxiliary Scholarship, which will be used to further their education in a medical field. Your comments will be considered confidential and will be used only by the scholarship selection committee to help them select the best possible scholarship recipient.*

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Please include a letter of reference, in which the following questions will be answered:

1. How long have you known the applicant and in what capacity?
  
2. What do you consider the qualities, strengths and weaknesses this applicant has that will contribute to achieving their goal?
  
3. Your knowledge of why this applicant chose this medical profession.
  
4. Your knowledge of what the applicant has done to prepare for this field.
  
5. Your knowledge of what the applicant knows about the field.

**Please Return by April 5, 2019 to:**  
Sanford TRF Auxiliary  
3001 Sanford Parkway  
Thief River Falls, MN 56701