Mayo Clinic Health System in Fairmont is pleased to award two scholarships through the Blanche Kindstrom Hospital Auxiliary Scholarship fund to local high school students pursing a career in health care.

**Fairmont High School Seniors**

1 - $1,000 scholarship awarded by Mayo Clinic Health System in Fairmont to a high school senior from Fairmont High School, with plans to pursue a health care career. *Scholarship money is mailed to the school following the first successful year of health care related study at an accredited college.*

Eligibility requirements
- High School senior from Fairmont High School planning to enter an accredited school within one year of graduation from high school with plans to pursue a health care career.
- If there is not a qualified applicant for the Fairmont High School scholarship, the scholarship may be awarded to a qualified applicant from a school in the medical center’s service area, other than Fairmont High School.

**Service Area High School Seniors**

1 - $1,000 scholarship awarded by Mayo Clinic Health System in Fairmont to a high school senior in the medical center’s service area, with plans to pursue a health care career. *Scholarship money is mailed to the school following the first successful year of a health care related study at an accredited college.*

Eligibility requirements
- High school senior living in the medical center’s service area (other than Fairmont) and planning to enter an accredited school within one year of graduation from high school with plans to pursue a health care career.
- If there is not a qualified applicant for the service area scholarship, it may be awarded to a qualified applicant from Fairmont High School.
RETURN APPLICATION AND OFFICIAL GRADE TRANSCRIPT(S) TO

Mayo Clinic Health System in Fairmont
Attn: Administration
800 Medical Center Drive
Fairmont, MN 56031

Application and transcript(s) must be postmarked or received by

April 15, 2022.

AWARDING OF SCHOLARSHIPS

Mayo Clinic Health System in Fairmont Scholarship Committee reviews all scholarship applications and selects a recipient and alternate. Scholarship recipients and alternates will be notified by May 10, 2022. Should there be no qualified applicants for an award; the committee may opt to forego selection until the following year.

PROCEDURE TO CLAIM SCHOLARSHIP

Scholarship recipients must enter college within one year of being awarded the scholarship. Failure to do so will disqualify the recipient. After the completion of the year of health care study, the scholarship recipient must provide a copy of the grade transcript to Mayo Clinic Health System to process the scholarship award. A reminder will not be sent.

If you have questions, contact nelsonphilipp.darla@mayo.edu
2022 Blanche Kindstrom Hospital Auxiliary
Health Care Career Scholarship Application

Please indicate scholarship applying for (select one)
___ Fairmont High School
___ Mayo Clinic Health System in Fairmont Service Area

Please print

High school attending .................................................. Graduation date

Name ...........................

  Last          First          Middle Initial

Address ...........................................................

  Street       City       State       Zip Code

Email address  

Cell phone number  

Date of birth  

Parent or guardian information

Name  

  Street       City       State       Zip Code

Signatures

Applicant Signature ........................................... Date

Parent Signature (if minor)  ......................... Date

For office use only

Scholarship received (Date)  .................. Official transcript received  .............. Initials  .............. Applicant #  ....
Formal name of college you plan to attend

College address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Planned area of study

Have you made an application for admission to this school?  □ Yes  □ No

Have you been accepted for admission?  □ Yes  □ No

List financial aid programs for which you have applied.

List your last two places of employment.

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<thead>
<tr>
<th>Employer</th>
<th>Dates of employment</th>
<th>Position</th>
<th>Hours per week</th>
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List paid and unpaid experiences that demonstrate your interest and commitment to a health care career.

High school extracurricular activities
Community, service, and civic activities

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Honors and achievements

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Attachment 1
Please explain why you are planning a career in health care. What are your professional goals? Use additional paper. Maximum of one 8 ½ x 11 page, double spaced

Attachment 2
Official printed copy of high school grade transcript(s) or school counselor can e-mail to nelsonphilipp.darla@mayo.edu

List three references (teachers, counselors, employers – please do not include relatives)

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Email address</th>
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Applicant #_____