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 pursuing a career in health care. The scholarships being offered in 2020 include the following:

**Fairmont High School Senior Health Care Career Scholarship**

1 - $1000 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 career 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.

**Fairmont Service Area High School Senior Health Care Career Scholarship**

1 - $1000 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 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.
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 April 15, 2020.

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.

Return application packet and all official grade transcript(s) to:

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

Application and transcript(s) must be postmarked by April 3, 2020.

If you have questions, contact

MCHS Fairmont Administration
507-238-8101 or 507-238-5064
Mayo Clinic Health System in Fairmont

Blanche Kindstrom Hospital Auxiliary Scholarship
2019 Health Care Career Application

Please indicate scholarship applying for (select one):

___ Fairmont High School
___ Mayo Clinic Health System in Fairmont Service Area

Please Print

Name ______________________________________________________________________
                         Last Name                        First Name             Middle Initial

Permanent address _____________________________________________________________________
                            Street            City                           State                     Zip

Current mailing address _____________________________________________________________________
                            Street            City                           State                     Zip

Email address __________________________________________________________________________

Home phone number ___________________ Cell phone number ___________________

Parent or guardian information (required if minor)

Name __________________________________________________________________________

Address __________________________________________________________________________

Applicant Signature

Parent Signature (if minor)

Date __________________________________________________________________________

For office use only

Scholarship received (Date) _____________          Copy of official transcript received ___________

Applicant # _________

Initials ______________

Applicant # ____________
Applicant # ______________

Date of birth

High school graduated from/presently attending

High school graduation date

Formal name of college you plan to attend

Address of college

Phone number of college

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 three places of employment:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates of employment</th>
<th>Position</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List paid and unpaid experiences that demonstrate your interest and commitment to a health care career.

____________________________________
____________________________________
____________________________________
Applicant # ______________

High school extracurricular activities

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Community, service and civic activities

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Honors and achievements

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Required attachment:

Official copy of high school grade transcript.