



THE InterceptEFT NURSING SCHOLARSHIP

The Intercept EFT Nursing Scholarship Fund was established in 2015 with the Sanford Health Foundation, Fargo Region. InterceptEFT hosts an annual Golf Tournament to raise dollars to support scholarships for nurses employed at Sanford in the Fargo region.

Purpose: This scholarship is available to Sanford employees in the Fargo Region who are accepted students in an accredited entry level nursing program or advancing their nursing education in an accredited nursing program.

Eligibility: Sanford employees in the Fargo Region who are in a scheduled part-time or full-time position, in good standing with no disciplinary action, and accepted for attendance in an accredited nursing program.

Award: Seven, \$2,000 scholarships will be awarded. The scholarship will be paid to the employee in one payment, in January of the following year.

Application Deadline: November 15

**SANFORD HEALTH FOUNDATION
INTERCEPT EFT NURSING SCHOLARSHIP**

SCHOLARSHIP APPLICATION

Sanford Health is an equal opportunity employer/educational institution and will not discriminate against applicants because of race, religion, color, national origin, age, sex or disability.

REQUIRED INFORMATION

(applications will not be considered until all information has been received):

- THREE REFERENCES FROM THE FOLLOWING INDIVIDUALS: 1.) Instructor, 2.) Current Supervisor, 3.) Co-worker
Application will not be complete until all three references are received
- AN **OFFICIAL** TRANSCRIPT OF GRADES/CREDITS/GPA
- PROOF OF ENROLLMENT (letter of acceptance, etc.)
- **GPA must be 3.5 or higher to be considered for scholarships.**

Name: _____

Department: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Degree Pursuing: _____ Anticipated Graduation Date: _____

Current Year in School: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Number of Dependent Children and Ages: _____

Past Education (high school, college or vocational school; list most recent first):

Name of School	City/State	Date Attended	Degree
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you currently employed at Sanford Health? _____ Department: _____

Date of Hire: _____

Status: Part-time Full-time Hours Per Pay Period: _____

(NOTE: UNSCHEDULED PART TIME EMPLOYEES ARE NOT ELIGIBLE, UNLESS ENROLLED IN A SANFORD HEALTH EDUCATIONAL PROGRAM)

Recent Past Employment:

Extracurricular Activities/Community Involvement:

Scholarship Essay (please provide on separate sheet(s) of paper and no more than 250 words per essay)

- 1) Describe your reasons for choosing a health care profession.**
- 2) List/describe career goals after graduation.**
- 3) Describe how receiving this scholarship will benefit you.**

Sanford Health Scholarship Application

Financial Information

Estimate of Annual Educational Expenses

Tuition and Fees \$ _____
Books and Supplies \$ _____
Room and Board \$ _____
Personal Expenses \$ _____
Other Expenses (list) \$ _____
\$ _____
\$ _____

Sources of Annual Support

Personal Savings \$ _____
Personal Employment \$ _____
Family Sources \$ _____
Financial Aid \$ _____
Scholarships \$ _____

Educational assistance received in past five (5) years (list):

SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. If selected for this award, Sanford Health is authorized to publish my name and photograph on its website, publications, and advertisements.

Applicant's signature _____ Date _____

Additional Requirements:

Applicants must obtain degree within three (3) years from date of initial scholarship award.

The scholarship committee shall utilize the following criteria in the evaluation process: academic standing, goals, initiative, financial need and overall rate of success.

I release any educational records or information necessary to meet the needs of the scholarship committee. I also declare that the statements in the application are true, and falsification will be the basis for immediate denial of the award.

Student's signature _____ Date _____

All information must be received in Academic Affairs by November 15.

RETURN TO: Sanford Health: Academic Affairs
Attn: Laura Woitte-Currier
1305 W. 18th Street, Route # 5203
PO Box 5039
Sioux Falls, SD 57117-5039

SCHOLARSHIP REFERENCE

PLEASE MAIL DIRECTLY TO:

Sanford Health: Academic Affairs
 Attn: Laura Woitte-Currier
 1305 W. 18th Street, Route # 5203
 PO Box 5039
 Sioux Falls, SD 57117-5039

Reference must be received in Academic Affairs by November 15. The student's application will be considered incomplete if reference is not received by the deadline. When finished, place form in a sealed envelope and sign your name across the seal.

Applicant's name: _____

How long have you know this applicant? _____

In what capacity have you known this applicant? _____

Opposite each ability and/or attitude, check the most appropriate category:

	Excellent	Above Average	Average	Below Average	No Basis for Opinion
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Accountability					
Organizational ability					
Ability to make decisions					

Overall Evaluation: (Choose one) **Highly Recommend** **Recommend** **Recommend with Reservations**

What qualities make this applicant a good candidate for this scholarship?

Additional Comments: Please add anything you feel might assist the selection committee regarding this candidate.

Signature: _____

Position/Title: _____

Institution/Company: _____

REFERENCE REQUEST TO:

Name: _____

Address: _____

Telephone: _____

Several scholarships are awarded yearly to students enrolled in educational programs at Sanford Health.

Funding for these scholarships is provided by Albert Ronice Scholarship fund, Mary Jo Langenwalter Scholarship Fund, Luci Spaeth Holte Scholarship fund, the Kelly Kortan Endowment, the Helen Jacobson Cafourek Fund, the Junge/Moller Endowment Fund, the Roger Martin Scholarship fund, the Donna Howlett Memorial Endowment, the Dr. Denny Ortmeier Scholarship and the Sanford Health Foundation Board of Directors Scholarship fund.

I am enrolled in an educational program and am applying for one of the Sanford Health scholarships listed above. In order that the committee may better evaluate my potential, I request that you complete this reference form and return it to the scholarship committee **by November 15**. I understand that your candid evaluation of me is being sought and that the completed form will be held in confidence by the committee both from me and the public to the extent permitted by law.

Thank you.

Applicant's Name (print): _____

Education Program: _____

Applicant's Signature: _____ Date: _____