SANFORD HEALTH FOUNDATION ALBERT RONICE SCHOLARSHIP

In 1980, the St. Luke’s Hospital School of Nursing became the recipient of a bequest from the estate of the late Albert Ronice of Kindred, North Dakota. Mr. Ronice was interested in helping educate nurses. With the closing of the school in 1987, Sanford Health Foundation was given the responsibility of distributing the money in a manner which best fit the original intent.

Sanford Health Foundation is pleased to be able to award a $2,100 scholarship for a nursing student entering their fourth year of training for their Bachelor’s degree in nursing.

Purpose: The purpose of this scholarship is to provide financial assistance for nursing students entering their fourth year of training for their Bachelor’s degree in nursing through the Tri-College Nursing Program.

Eligibility: Any student may apply, but first priority will be given to St. Luke’s School of Nursing graduates, second priority will be given to currently employed Sanford Health associates and third priority to other students. Other criteria will be financial need and academic excellence.

Award: One $2,100 scholarship will be awarded. The scholarship will be paid to the appropriate financial aid office in one payment, in January of the following year.

Application Deadline: November 15
SANFORD HEALTH FOUNDATION ALBERT RONICE 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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$______________</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$______________</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$______________</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$______________</td>
</tr>
<tr>
<td>Other Expenses (list)</td>
<td>$______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Savings</td>
<td>$______________</td>
</tr>
<tr>
<td>Personal Employment</td>
<td>$______________</td>
</tr>
<tr>
<td>Family Sources</td>
<td>$______________</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>$______________</td>
</tr>
<tr>
<td>Scholarships</td>
<td>$______________</td>
</tr>
</tbody>
</table>

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

*ALL INFORMATION IS HELD IN STRICT CONFIDENCE*
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 known this applicant? ______________________________________

In what capacity have you known this applicant? __________________________________

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

<table>
<thead>
<tr>
<th>Ability</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance of criticism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honesty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to make decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ______________________