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

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

Sources of Annual Support

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Personal Savings</td>
<td>$______</td>
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<tr>
<td>Personal Employment</td>
<td>$______</td>
</tr>
<tr>
<td>Family Sources</td>
<td>$______</td>
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<tr>
<td>Financial Aid</td>
<td>$______</td>
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<tr>
<td>Scholarships</td>
<td>$______</td>
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</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? _________________________________

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