



802 2nd St. NW

Bowman, North Dakota

(701) 523-5142

Healthcare Scholarship Application

Eligible applicants must have successfully completed all requirements for at least their freshman year of college. The applicant must have received written notification of acceptance into their healthcare related field of study. The Sunrise Foundation will accept applications from students originally from Bowman County, Slope County, Harding County, and western Adams County.

Full Name: _____
(Last) (First) (Middle)

Social Security Number: _____

Current Mailing Address: _____

Current Phone Number: _____ E-mail Address: _____

Name of Parents or Guardian: _____

Address of Parents or Guardian: _____

Name of professional degree program or field of study:

Name and address of college or university you are attending or plan to attend:

Year Completed as of 05/2016: _____

Expected date you will complete your degree requirements (Month and Year): _____

Are you currently enrolled as a full-time student as defined by your college or university: _____
Please give us the anticipated costs for one semester:

Tuition: \$ _____
Misc. Fees: \$ _____
Books: \$ _____
Other: \$ _____ Consisting of: _____

TOTAL COST PER ONE SEMESTER: \$ _____

List probable sources of financial support for your education:

Savings: _____ %
Parents: _____ %
Employment: _____ %
Scholarships, Grants, or Financial Aid: _____ %
Other (_____): _____ %

Have you ever worked or volunteered at a healthcare organization?: Yes _____ No _____

If yes, please let us know the name and location of healthcare organization:

After you complete your education, would you consider employment at Southwest Healthcare Services in Bowman? Please answer yes or no and state reasons for your decision.

Please attach a short essay about yourself (no more than 350 words) that includes the following information.

- a.) Past work experience
- b.) Volunteer service (if any)
- c.) Extracurricular activities
- d.) Special honors or awards
- e.) Future goals & career plans

List two individuals who will provide us with a letter of recommendation for your application:

(Excluding Relatives)

1.) Name: _____

Address: _____

Professional Relation to Applicant: _____

2.) Name: _____

Address: _____

Professional Relation to Applicant: _____

Include a copy of your most recent transcript and your written letter of acceptance into your healthcare program. If possible, please enclose a recent wallet size photo. In the event that you are awarded a scholarship, the photo will be used with an announcement story.

I hereby certify that the answers given herein are true and correct. I authorize investigation of all statements contained in this application and agree to reference checks as may be deemed necessary to verify any and all information.

Signature: _____

Date: _____

Applications must be postmarked by July 15, 2016 and sent to:

The Sunrise Foundation, Inc.
Attn: Melinda Padilla-Lynch, Foundation Director
802 2nd St. NW – Bowman, North Dakota 58623
(701) 523-5142

Your application will not be completed until all components are received into our office. Please ensure your application form includes your current transcript, letter of acceptance into your healthcare program, two letters of recommendation and your essay.