

Canton-Inwood Area Health Foundation 2017 Health Care of Tomorrow Scholarship Program

The mission of Canton-Inwood Area Health Foundation is to *inspire and engage philanthropic support for Sanford Canton-Inwood to improve the health and wellness of our communities.* Those philanthropic resources are provided to worthy projects and individuals best illustrating Foundation ideals while fulfilling the health needs of the future.

Canton-Inwood Area Health Foundation has developed a scholarship program to assist students who are pursuing or planning to pursue a health care degree at a post-secondary two or four year college, university or vocational-technical program. The scholarships will be offered on a yearly basis for full-time study at any accredited post-secondary institution the student chooses.

The scholarship program is administered by the Canton-Inwood Area Health Foundation. Canton-Inwood Area Health Foundation believes in equal opportunity and will grant scholarships without regard to race, color, creed, religion, gender, disability, national origin or any other category protected by state, local or federal law, regulation or rule.

The Scholarship awards are not renewable, but students may reapply to the program each year so long as they meet the eligibility requirements.

Qualifications

Applicants of the scholarship must meet the following requirements:

- High school seniors or high school graduates who plan to enroll or are currently enrolled in a full-time undergraduate course of study to major in a health care field at an accredited two or four year college, university or vocational-technical program;
- Cumulative grade point average of 3.0 or greater, calculated on a 4.0 grading scale;
- Students must have graduated from a high school within Sanford Canton-Inwood Medical Center's primary service area. Those qualifying schools include Canton High School (Canton, SD), West Lyon High School (Inwood, IA), Alcester-Hudson High School (Alcester, SD);
- Parents of more than one qualifying student can submit multiple applications but only one scholarship will be awarded per family per year;
- Students can reapply every year they meet the eligible criteria.

Application

Interested individuals must complete the application and mail it along with an official, complete transcript of grades to Canton-Inwood Area Health Foundation. Those students who are not currently enrolled in an undergraduate program will also need to submit a copy of an acceptance letter from the college, university, or vocational-technical program. At least three (3) references will be required. References are to be mailed by the applicant or individual completing the same. The application and references must be postmarked by **April 7, 2017**.

Applicants are responsible for submitting all necessary information. Evaluation of applications is based on the information supplied and all questions must be answered completely. All information received is considered confidential and is reviewed only by the Canton-Inwood Area Health Foundation Scholarship Committee.

Selection

Canton-Inwood Area Health Foundation Health Care of Tomorrow Scholarship recipients will receive a \$1,000.00 scholarship award based upon their academic record, participation in school and community activities, a statement of educational and career goals and any unique personal circumstances.

Selection of recipients is made by Canton-Inwood Area Health Foundation Scholarship Committee. All decisions are final. Applicants will receive written notification within the month of May 2017. Inquiries regarding the scholarship program should be submitted to: Canton-Inwood Area Health Foundation, Attn: Scholarship Committee, P.O. Box 292, Canton, SD 57013 – (605)764-1491.

Canton-Inwood Area Health Care Foundation

2017 Health Care of Tomorrow Scholarship Application

Please type all information. If more space is needed, use additional paper and attach it to the application.
Deadline for submission of the application is postmark date of **April 7, 2017**.

Application Information

Name _____
(Last) (First) (MI)

Permanent Address _____
(Street/PO Box) (City) (State) (Zip)

Telephone _____

Age _____ Date of Birth ____/____/____

Parent/Legal Guardian Information

Name _____
(Last) (First) (MI)

Address _____
(Street/PO Box) (City) (State) (Zip)

High School Information

High School Name _____

High School Address _____
(Street/PO Box) (City) (State) (Zip)

Telephone _____ Graduation Date _____
(Month/Year)

Post-Secondary School Information

Name of accredited, undergraduate, post-secondary school you currently attend or plan to attend in the fall of 2017. (If unknown, please list in order of preference the schools to which you have applied.) Please do not abbreviate school names.

School Name _____

Complete Address _____
(Street/PO Box) (City) (State) (Zip)

School Name (2nd Preference) _____

Complete Address _____
(Street/PO Box) (City) (State) (Zip)

Year in post-secondary program next school year: 1 2 3 4 5

Major _____ Anticipated Graduation Date _____

Incomplete applications will not be considered.

Academic Scholarships and Grants Awarded

(Use additional pages if necessary) (if does not apply use N/A)

1. Source _____ Amount of \$ _____
Date Applied ____/____/____ Date Awarded ____/____/____

2. Source _____ Amount of \$ _____
Date Applied ____/____/____ Date Awarded ____/____/____

3. Source _____ Amount of \$ _____
Date Applied ____/____/____ Date Awarded ____/____/____

4. Source _____ Amount of \$ _____
Date Applied ____/____/____ Date Awarded ____/____/____

5. Source _____ Amount of \$ _____
Date Applied ____/____/____ Date Awarded ____/____/____

Educational/Career Goals

Describe your plans in relation to your educational, career and long-term goals.
(no more than 500 words)

Participation in School & Community Activities/Employment

Describe activities you have been involved in during your high school and post-secondary education years.
(no more than 250 words)

Unique Circumstances

Please describe if a unique family or personal circumstance affected your achievement in high school or post-secondary school. (This section can be left blank if does not apply.) (no more than 500 words)

High School & Post-Secondary Transcript Information Required

Students must include an official transcript of grades for the last completed semester of study from their high school, college or vocational technical school. Applicant is responsible for ensuring the official transcript is submitted and received.

Please indicate below how your official transcript will be submitted to Canton-Inwood Area Health Foundation.

- Enclosed is an official transcript from my last completed semester of study.
 My official transcript will be sent to Canton-Inwood Area Health Foundation by my school.

Only official transcripts will be accepted. Copies or website print-out of grades will not be accepted as official transcripts.

My cumulative GPA is _____ for the last completed semester. (Based on a 4.0 grading scale.)

This application for a scholarship becomes complete and valid only when you have followed all the instructions below:

- Return completed and signed scholarship application.
- Return official completed transcript of grades for the last semester completed.
Note: Some schools will only send transcripts directly to Canton-Inwood Area Health Foundation.
- Those students who are not currently enrolled in an undergraduate program will also need to submit a copy of an acceptance letter from the college, university, or vocational-technical program.
- Return of 3 references. (2 – academic/ 1 – personal/nonfamily)

Application and references must be postmarked by **April 7, 2017**.

Send by postmark deadline of **April 7, 2017** to:

Canton-Inwood Area Health Foundation

Attn: Scholarship Committee

P.O. Box 292

Canton, SD 57013

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Any falsification of the required information and any missing information will disqualify me from receiving scholarship funds.

Applicant's Signature _____ Date _____

Incomplete applications will not be considered.



**2017 Canton-Inwood Area Health Foundation
Scholarship Reference**

Mail To:
Canton Inwood Area Health Foundation
Attn: Scholarship Committee
P.O. Box 292
Canton, SD 57013

**Reference must be submitted to Canton-Inwood Area Health Foundation by April 7, 2017.
Student's application will be considered incomplete if reference is not received by the deadline.**

Applicant's name _____
How long have you known this applicant? _____
In what capacity have you known this applicant? _____

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

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

Overall Evaluation: (Circle One) Highly Recommend Recommend Recommend with Reservations

Comments:

Signature: _____ Date: _____



**2017 Canton-Inwood Area Health Foundation
Scholarship Reference**

Mail To:
Canton Inwood Area Health Foundation
Attn: Scholarship Committee
P.O. Box 292
Canton, SD 57013

**Reference must be submitted to Canton-Inwood Area Health Foundation by April 7, 2017.
Student's application will be considered incomplete if reference is not received by the deadline.**

Applicant's name _____
How long have you known this applicant? _____
In what capacity have you known this applicant? _____

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

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

Overall Evaluation: (Circle One) Highly Recommend Recommend Recommend with Reservations

Comments:

Signature: _____ Date: _____



**2017 Canton-Inwood Area Health Foundation
Scholarship Reference**

Mail To:
Canton Inwood Area Health Foundation
Attn: Scholarship Committee
P.O. Box 292
Canton, SD 57013

**Reference must be submitted to Canton-Inwood Area Health Foundation by April 7, 2017.
Student's application will be considered incomplete if reference is not received by the deadline.**

Applicant's name _____
How long have you known this applicant? _____
In what capacity have you known this applicant? _____

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

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

Overall Evaluation: (Circle One) Highly Recommend Recommend Recommend with Reservations

Comments:

Signature: _____ Date: _____