

High School Health Care Scholarship Provided by CentraCare - Dr. Philip Halenbeck Education Fund

Dr. Philip Halenbeck Education Fund will award scholarships for the 2023 Fall Semester.

Payment will be made directly to the successful applicant's school.

To be eligible for consideration, an applicant must:

- Be a high school senior enrolling in a health care-related degree program.
- Have a grade point average of 2.8 or above.
- Demonstrate involvement in community, school, or work activities.

Each applicant must:

- 1. Complete the application form on the reverse side.
- 2. Attach a list of school, community, and work activities, including volunteer work. Please include the activity, years, and any awards received.
- 3. Attach transcript from the current academic year. Transcript must include cumulative grade point average.
- 4. Attach a copy of letter of enrollment into the health care program.
- 5. Attach an essay of no more than two pages, double-spaced typed pages telling us about you and your career plans.

If any of the required materials are not provided, the application will be disqualified.



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To be completed by applicant (Print or Type) Name: Address: City State/Zip Code Email address: Phone Number: High School Attending: Career: Physical Therapy Accounting Medical Assistant ____ Medical Billing & Coding Health Care Administration Public Health _ Health Care Management ____ Medical Lab Tech/Scientist Radiology Technology _ Health Care Communication ____ Medical Technology Registered Nurse (RN) Communication – Public Medical Office Administration Respiratory Therapy Relations ____ Occupational Therapy Health Information Management Social Work **Information Services** ____ Pharmacy Surgical Technology Licensed Practical Nurse (LPN) Other (Please specify in the space provided.) Type of Program: Associate Degree Bachelor's Degree Other (Please Specify) Work History: **Employer** Job Title I voluntarily give the CentraCare Scholarship Committee the right to make an inquiry about my activities and educational record and agree to cooperate in said inquiry. I release from liability all persons, companies, corporations, or schools supplying information. Student's Signature: _______Date: ______

Application to be postmarked or emailed by March 30, 2023.

Parent's Signature (if younger than 18): ______Date:

Return to CentraCare - St. Cloud Hospital Attention: Gail Schmidt, Education & Training 1406 Sixth Avenue North - St. Cloud, MN 56303-1901 OR email to gail.schmidt@centracare.com