

# MAYO CLINIC HEALTH SYSTEM IN FAIRMONT BLANCHE KINDSTROM HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION

Mayo Clinic Health System in Fairmont is pleased to award two scholarships through the **Blanche Kindstrom Hospital Auxiliary Scholarship** fund to local high school students pursuing a career in health care.

## **Fairmont High School Seniors**

**1 - \$1,000 scholarship awarded by Mayo Clinic Health System in Fairmont to a high school senior from Fairmont High School, with plans to pursue a health care career.** *Scholarship money is mailed to the school following the first successful year of health care related study at an accredited college.*

### Eligibility requirements

- High School senior from Fairmont High School planning to enter an accredited school within one year of graduation from high school with plans to pursue a health care career.
- If there is not a qualified applicant for the Fairmont High School scholarship, the scholarship may be awarded to a qualified applicant from a school in the medical center's service area, other than Fairmont High School.

## **Service Area High School Seniors**

**1 - \$1,000 scholarship awarded by Mayo Clinic Health System in Fairmont to a high school senior in the medical center's service area, with plans to pursue a health care career.** *Scholarship money is mailed to the school following the first successful year of a health care related study at an accredited college.*

### Eligibility requirements

- High school senior living in the medical center's service area (other than Fairmont) and planning to enter an accredited school within one year of graduation from high school with plans to pursue a health care career.
- If there is not a qualified applicant for the service area scholarship, it may be awarded to a qualified applicant from Fairmont High School.

## **RETURN APPLICATION AND OFFICIAL GRADE TRANSCRIPT(S) TO**

Mayo Clinic Health System in Fairmont  
Attn: Administration  
800 Medical Center Drive  
Fairmont, MN 56031

**Application and transcript(s) must be postmarked or received by  
April 15, 2022.**

### **AWARDING OF SCHOLARSHIPS**

Mayo Clinic Health System in Fairmont Scholarship Committee reviews all scholarship applications and selects a recipient and alternate. Scholarship recipients and alternates will be notified by May 10, 2022. Should there be no qualified applicants for an award; the committee may opt to forego selection until the following year.

### **PROCEDURE TO CLAIM SCHOLARSHIP**

Scholarship recipients must enter college within one year of being awarded the scholarship. Failure to do so will disqualify the recipient. After the completion of the year of health care study, the scholarship recipient must provide a copy of the grade transcript to Mayo Clinic Health System to process the scholarship award. A reminder will not be sent.

If you have questions, contact [nelsonphilipp.darla@mayo.edu](mailto:nelsonphilipp.darla@mayo.edu)

# 2022 Blanche Kindstrom Hospital Auxiliary Health Care Career Scholarship Application

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Please indicate scholarship applying for (select one)

\_\_\_ Fairmont High School

\_\_\_ Mayo Clinic Health System in Fairmont Service Area

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***Please print***

**High school attending**

**Graduation date**

**Name** \_\_\_\_\_  
*Last First Middle Initial*

**Address** \_\_\_\_\_  
*Street City State Zip Code*

**Email address** \_\_\_\_\_

**Cell phone number** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Parent or guardian information**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street City State Zip Code*

**Signatures**

\_\_\_\_\_  
*Applicant Signature Date*

\_\_\_\_\_  
*Parent Signature (if minor) Date*

*For office use only*

Scholarship received (Date) \_\_\_\_\_ Official transcript received \_\_\_\_\_ Initials \_\_\_\_\_ Applicant # \_\_\_\_\_

Formal name of college you plan to attend \_\_\_\_\_

College address \_\_\_\_\_  
*Street City State Zip Code*

Planned area of study \_\_\_\_\_

Have you made an application for admission to this school?  Yes  No

Have you been accepted for admission?  Yes  No

List financial aid programs for which you have applied.

\_\_\_\_\_  
\_\_\_\_\_

List your last two places of employment.

Employer                      Dates of employment                      Position                      Hours per week

\_\_\_\_\_  
\_\_\_\_\_

List paid and unpaid experiences that demonstrate your interest and commitment to a health care career.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High school extracurricular activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant # \_\_\_\_\_

**Community, service, and civic activities**

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**Honors and achievements**

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**Attachment 1**

Please explain why you are planning a career in health care. What are your professional goals? Use additional paper. Maximum of one 8 ½ x 11 page, double spaced

**Attachment 2**

Official printed copy of high school grade transcript(s) or school counselor can e-mail to [nelsonphilipp.darla@mayo.edu](mailto:nelsonphilipp.darla@mayo.edu)

**List three references (teachers, counselors, employers – please do not include relatives)**

Name	Relationship	Email address