

**Duluth, MN**

**St. Luke’s Volunteer Memorial Scholarship**

St. Luke’s Volunteer Service Guild awards scholarships to students pursuing a healthcare career.

Candidates for the scholarship must:

1. Be a graduate of a Minnesota or Wisconsin high school and be a current resident of a community where St. Luke’s has a presence.

Example: Duluth/Superior, Silver Bay (Bay Area Health Center), Mountain Iron ([Laurentian Medical Clinic](http://www.slhduluth.com/Find-a-Location/Laurentian-Medical-Clinic.aspx)), Ashland (Chequamegon Clinic).

1. Be accepted and presently enrolled in one of the accredited healthcare programs listed below.
2. Demonstrate an interest in a healthcare career.
3. Complete one semester of post-secondary academic work in their accredited healthcare program before applying.
4. Demonstrate scholastic ability with a GPA of 3.1 in their chosen field of cumulative work.
5. Demonstrate quality of character and sensitivity to the sick.

The following schools and accredited healthcare programs qualify for this scholarship.

1. UMD:  
   College of Medicine   
   College of Pharmacy
2. Lake Superior College:  
   Associate Degree in Nursing Radiological Technology  
   Physical Therapist Assistant Respiratory Care Practitioner  
   Practical Nursing Surgical Technology  
   Medical Laboratory Technician
3. College of St. Scholastica:  
   Occupational Therapy Physical Therapy  
   Registered Nurse Physician’s Assistant
4. Wisconsin Indianhead Technical College, Superior Campus:

Associate Degree in Nursing

This non-renewable scholarship must be used the year it is awarded.



Instructions & General Information

1. Please read all information concerning St. Luke’s Volunteer Memorial Scholarship.  
     
   The application must be **typed** and completed in full (do not include a resume`). Please attach an undergraduate and graduate (if applicable) unofficial transcript or cumulative record. Section 5a Personal Statement may be attached if necessary. Applications not fully completed will be disqualified.  
     
   **Application will be accepted between January 8th and March 8th, 2019. All application materials, including recommendation forms and transcipts, must be received before 4:00 p.m. on March 8th, 2019.**
2. Three recommendations **must be received** before 4:00 p.m. on March 8th, 2019 using the appropriate forms. Recommendations must include:
   1. One post-secondary education instructor.
   2. One employer or volunteer director.
   3. One personal reference who can speak to your character (long-time family friend, clergy, teacher etc.)
3. The St. Luke’s Volunteer Memorial Scholarship application is available on St. Luke’s Web Page [www.slhduluth.com](http://www.slhduluth.com) under Volunteers.
4. Return all application materials to:  
   Volunteer Services Scholarship Committee  
   St. Luke’s  
   915 East 1st StreetDuluth, MN 55805  
   Or e-mail:  
   [Sue.Cooper@slhduluth.com](mailto:Sue.Cooper@slhduluth.com)
5. The recipient(s) of a scholarship award will be notified in April, 2019. St. Luke’s Volunteer Service Guild Board intends to award one $1,000 scholarship to an undergraduate student, one $1,000 scholarship to a graduate level student, and one $500 scholarship to a student in a one to two year program. The award will be paid directly to the school/program in which the recipient is enrolled.

**Revised November, 2018**



St. Luke’s Volunteer Memorial Scholarship Application

St. Luke’s Volunteer Services Guild

Volunteer Services

915 East First Street

Duluth, Minnesota 55805

Sue.Cooper@slhduluth.com

Questions: Contact Mary Matlack: 218-249-5343 or Mary**.**Matlack@slhduluth.com

**Deadline March 8th, 2019 (must be received before 4:00 p.m.)**

**Section 1**

**General Information**

**All entry fields will expand as you type on the application**.

Name of Applicant:

Last First Middle

Address

Street Address

City State Zip Code

Phone: day (     )     evening (     )       cell (     )

Email Address

Date of Birth       /       /

Month Day Year

**Section 2**

**Education**

**Section 2a**

**Education History**

**High School**

Entry fields will expand as you type.

Name of school

City/State of school attended

Year of graduation

**Post Secondary Education**

Name of school attended

City/State of school attended

Years attended (ex. 2014 - 2017)         
Diploma/Degree         
GPA/Rank

Detail of awards or honors received

**Please attach an unofficial transcript or cumulative record.**

**Section 2b**

**Healthcare Career Education**

Name of Degree/Certificate Pursuing

Name of Program

Date Accepted       Start Date       Credits Completed

School

GPA: Last Semester       Cumulative

**Please attach an unofficial transcript or cumulative record.**

**Section 3**

**Community Service**

Entry field will expand as you type.

List your most significant volunteer positions, including positions related to your health care career goals. Please include for whom you have volunteered, their location/address, completed hours and a summary of the work. **Total number of hours for each position must be listed.**

(Please limit to this page)

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

**Section 4**

**Employment History**

Entry fields will expand as you type.

List all employment you have had in the past three years. Attach additional sheet if needed.

Employer 1         
Address/Location         
Dates Employed         
Position Held         
Reason for Leaving      

Employer 2         
Address/Location         
Dates Employed         
Position Held         
Reason for Leaving      

Employer 3         
Address/Location         
Dates Employed         
Position Held         
Reason for Leaving      

Employer 4         
Address/Location         
Dates Employed         
Position Held         
Reason for Leaving

**Section 5**

**Evaluation of Healthcare Career Interest**

**5a**

**Personal Statement**

Entry field will expand as you type.

Because there will be no personal interview, please type a description of yourself including healthcare career goals, personal reasons for choosing a healthcare career (**200 words or less).**

(Please check) All information included in this application is accurate and true. I understand all information supplied to the Scholarship Committee will be kept confidential.

(Please check) I certify that I release St. Luke’s from responsibility for photograph or video and/or interviews for publication/articles for St. Luke’s website, social media, employee and volunteer newsletters, and newspaper and radio news.

Name       Date

**Typed Name Serves As Signature**

**Section 5b**

**References**

Entry fields will expand as you type.

Please list three references who will be writing letters of recommendation. Please include one post-secondary education instructor in the health care field, one former employer or volunteer director and one personal reference. Do not use relatives.

Name

Address

Phone (     )      Relationship

Name

Address

Phone (     )      Relationship

Name

Address

Phone (     )      Relationship

**St. Luke’s Volunteer Memorial Scholarship  
Section 6  
Recommendation**

**6a**

**Recommendation Post-Secondary Education Instructor in Health Care Field**

Applicant’s Name:

College:       Department/Program:

Please rate the following characteristics of the applicant. All information will be kept confidential.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Above Average** | **Average** | **Below Average** |
| Quality of Work |  |  |  |  |
| Leadership |  |  |  |  |
| Integrity |  |  |  |  |
| Initiative |  |  |  |  |
| Cooperation/Attitude |  |  |  |  |
| Reliability |  |  |  |  |
| Caring/Sensitivity |  |  |  |  |
| Relates well to others |  |  |  |  |
| Emotional stability |  |  |  |  |
| Professional potential |  |  |  |  |
| Intellectual capacity |  |  |  |  |

Please type a **brief** observation of this applicant in the field below which may assist the Scholarship Committee in selecting a recipient. **Avoid using applicant’s name in narrative.**

Entry field will expand as you type.

Reference Name:       Date:

**Typed Name Serves As Signature**

Organization address:

Position:       Department:

The above student is applying for the St. Luke’s Volunteer Memorial Scholarship.

Do you feel this student is qualified to receive this scholarship? yes no

**Recommendation must be received at St. Luke’s before 4:00 p.m. on March 8th, 2019**

St. Luke’s - Volunteer Services Scholarship Committee - 915 East 1st Street Duluth, MN 55805

Or e-mail to: [Sue.Cooper@slhduluth.com](mailto:Sue.Cooper@slhduluth.com)

If we need further information, may we contact you?

Phone #       email

**St. Luke’s Volunteer Memorial Scholarship  
Recommendation**

**6b**

**Recommendation Employer/Volunteer Director**

Applicant’s Name:

College:       Department/Program

Please rate the following characteristics of this applicant. All information will be kept confidential.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Above Average** | **Average** | **Below Average** |
| Quality of Work |  |  |  |  |
| Leadership |  |  |  |  |
| Integrity |  |  |  |  |
| Initiative |  |  |  |  |
| Cooperation/Attitude |  |  |  |  |
| Reliability |  |  |  |  |
| Caring/Sensitivity |  |  |  |  |
| Relates well to others |  |  |  |  |
| Emotional stability |  |  |  |  |
| Professional potential |  |  |  |  |
| Intellectual capacity |  |  |  |  |

Please type a **brief** observation of this applicant which may assist the Scholarship Committee in selecting a recipient. **Avoid using applicant’s name in narrative**.

Entry field will expand as you type.

Positions at your organization:         
Hours/dates at your organization:

Reference Name:       Date:

**Typed Name Serves As Signature**

Position:       Department:

Organization:

Address:       City:       State:

Do you feel this candidate is qualified to receive this scholarship? yes no

**Recommendation must be received at St. Luke’s before 4:00 p.m. on March 8th, 2019**

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Or e-mail to: [Sue.Cooper@slhduluth.com](mailto:Sue.Cooper@slhduluth.com)

If we need further information, may we contact you?

Phone #       email

**\*\*\*If computer is not available, use this from and attach separate sheet with your observation\*\*\***

**St. Luke’s Volunteer Memorial Scholarship**

**Recommendation**

**6c**

**Personal Reference (not a relative)**

Entry fields will expand as you type.

Applicant’s Name:

College:       Department/Program:

Please type a **brief** observation of this applicant’s personal characterwhich may assist the Scholarship Committee in selecting a recipient. **Avoid using applicant’s name in narrative.**

Length of time you have known the applicant:

Relationship to the applicant:

Name of Reference:       Date:

**Typed Name Serves As Reference**

Address:       City:       State:

The above student is applying for the St. Luke’s Volunteer Memorial Scholarship.

Do you feel this candidate is qualified to receive this scholarship? yes no

**Recommendation must be received at St. Luke’s before 4:00 p.m. on March 8th 2019**

St. Luke’s - Volunteer Services Scholarship Committee - 915 East 1st Street Duluth, MN 55805

Or e-mail to: [Sue.Cooper@slhduluth.com](mailto:Sue.Cooper@slhduluth.com)

If we need further information, may we contact you?

Phone#       email

**\*\*\*If computer is not available, use this form and attach separate sheet with your observation\*\*\***