

# LILLIAN SAURE NURSING SCHOLARSHIP – FALL 2019

ADMINISTERED BY THE PIONEERCARE AUXILIARY

The PioneerCare Auxiliary is pleased to sponsor an educational scholarship for community members and employees of PioneerCare who plan to advance in a health care career and are enrolled in a related degree or certificate program such as: Licensed Practical Nurse or Registered Nurse.

Scholarship application deadline for individuals enrolling fall semester is Tuesday, May 15, 2019.

## PERSONAL INFORMATION

(Please type or print)

Date of Application: \_\_\_\_\_

1. Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Occupation (If you are a full time student, please list as "student") \_\_\_\_\_

6. If dependent, Parent/Guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_

## EDUCATIONAL INFORMATION

1. High School attended \_\_\_\_\_

Expected/Actual Date of Graduation \_\_\_\_\_ Grade Point Avg. (G.P.A.) \_\_\_\_\_

2. College or other post-secondary schools attended (list by name)

School

Year Grad.  
(or will graduate)

G.P.A.

\_\_\_\_\_

\_\_\_\_\_

3. Post-Secondary plans – Indicate school where you have been accepted and health career major or program:

School Name: \_\_\_\_\_ Health Career \_\_\_\_\_

Tuition cost per semester \_\_\_\_\_ Total cost per year \_\_\_\_\_

**EMPLOYMENT INFORMATION**

<u>Place of Employment</u>	<u>Job Duties</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Explain any experience you have had working in a nursing home, hospital, home care or elsewhere in the health care field. This can include paid work or volunteer experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have any definite plans following your education? Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please list other scholarships you have applied for and their amounts:

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL NEED

Describe any circumstances that affect your and your family's ability to pay the costs of your education (*optional*):

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## REQUIRED SUPPLEMENTS TO APPLICATION

Write a brief one page essay stating why you are pursuing a career in health care and how you would benefit from a scholarship. Include the essay with the submission of this application.

References: Please ask two people, who know you and your abilities well, to write a letter of recommendation for you. E.g. teacher, employer, counselor, clergy person. List their names here:

1. \_\_\_\_\_
2. \_\_\_\_\_

## COMPLETE APPLICATION PROCESS

*PLEASE MAIL OR DELIVER ALL APPLICATION MATERIALS TO:*

Lillian Saure Nursing Scholarship  
PioneerCare Center  
1131 Mabelle Avenue S  
Fergus Falls, MN 56537

- Letters of recommendation should be sent directly to Lillian Saure Nursing Scholarship, PioneerCare Center, 1131 Mabelle Avenue S, Fergus Falls, MN 56537 prior to your application deadline date.
- Mail your completed application along with official high school and college transcripts postmarked no later than application deadline.
- Applications that **are not fully completed and do not have references, essay or the required transcripts will not** be considered for a scholarship.
- After the application deadline, finalists will be contacted for a short interview with a selection committee made up of PioneerCare Auxiliary representatives and PioneerCare staff members.