

# LILLIAN SAURE NURSING SCHOLARSHIP APPLICATION

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 is **May 15** for individuals enrolling the following fall semester.

## 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

- Ask your references to send their letters of recommendation directly to Lillian Saure Nursing Scholarship, PioneerCare Center, 1131 Mabelle Avenue S, Fergus Falls, MN 56537 – well before 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.
- Within 30 days after the application deadline, candidates selected for awards will be contacted by the selection committee.