



Nursing Scholarship

Offered by the

Worthington Regional Health Care Foundation, Inc.

The Worthington Regional Health Care Foundation, Inc., is offering scholarships to nursing students at Minnesota West Community & Technical College, Worthington Campus. Scholarships will be awarded to Practical Nursing (LPN level) students annually in spring semester and scholarships to Associate Degree (RN level) students annually in spring semester. Maximum amount of the scholarship will be up to \$2000.00 for LPN or RN scholarships.

In addition to this form, the Worthington Regional Health Care Foundation, Inc. (WRHCF) requires a copy of student transcripts for screening of applicants. Transcripts will be used by WRHCF for the sole purpose of the scholarship process and will be properly discarded as confidential information after the Scholarship Committee has completed the scholarship process.



SCHOLARSHIP CRITERIA

- Must be a student enrolled in either the Practical Nursing (LPN level) or Associate Degree (RN level) program at Minnesota West Community and Technical College.
- Practical Nursing (LPN level) students must have completed 18 credits; Associate Degree (RN level) students must have completed 30 credits.
- Must have a GPA of 3.0 or higher.
- Scholarship preference is given to Minnesota West Community and Technical College nursing students who live in the Worthington area with plans to work in the Worthington area following graduation.



■ Please respond to the following statements. Feel free to use additional space if necessary.

1. State your main reason for entering the health care field.
2. Explain what you feel will be your best contribution to the health care field upon completion of the program.
3. Explain why you feel you should be considered for the scholarship. Include any financial needs related to your educational goal.
4. Describe your immediate plans in the health care field following graduation.

This form **must** be returned to the Nursing Department of Minnesota West, Worthington Campus or send to the Foundation, by the following dates:

LPN Students	March 1 st of each year
RN Students	March 1 st of each year

Recipients of the award will be notified as soon as the scholarship committee recommendations are approved by the WRHCF, Inc. Board of Directors following the deadlines.

I hereby give the Scholarship Committee of the Worthington Regional Health Care Foundation permission to contact the Minnesota West Community and Technical College nursing program directors for a copy of my transcript.

I hereby give the Scholarship Committee of the Worthington Regional Health Care Foundation permission to review my scholastic records as pertains to the scholarship criteria.

Signature: _____

Name (printed or typed): _____

Address: _____

City _____ State _____ Zip _____

Worthington Regional Health Care Foundation, Inc.

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Revised 02/05/20