

# DOROTHY RUTGERS Memorial Scholarship



Supported and funded through

**Worthington Regional Health Care Foundation, Inc.**

**Mission of WRHCF, Inc.:**

“Promote, facilitate and support the health, wellness and educational needs of residents in the Worthington area.”





# DOROTHY RUTGERS Memorial Scholarship

## **Benefactor Background:**

John Rutgers met Dorothy Kroonenberg in Denver, CO and were married on September 10, 1954. Dorothy was a registered nurse who graduated from the The Presbyterian Hospital of School of Nursing in 1949. Together, they raised 6 children and farmed east of Worthington. Dorothy worked for many years as a registered nurse at Worthington Regional Hospital (now Sanford Worthington). John was very proud of Dorothy's career and the passion and love she had for her patients and co-workers. On August 12, 1985 Dorothy was killed in a tragic auto accident along with John's parents.

After Dorothy's death, John became interested in making an impact to the community. John knew the importance of helping others and his vision was to help others to attend school to further their medical education. John wished to stay connected to Worthington Regional Hospital so he set up a life insurance plan that would one day provide scholarship funds for those pursuing a degree as a registered nurse.

John passed away on March 9, 2017. Through his vision and hope to create a memorial for his late wife, the creation of a Living Legacy, the Dorothy Rutgers Memorial Scholarship was created. The gift left behind by John in memory of Dorothy will help make a difference for students pursuing a RN degree and continue John's wish to support the health and well-being of our community for generations to come.

## **Eligibility:**

Any currently employed employee of Sanford Worthington currently enrolled in an accredited registered nursing program pursuing a RN undergraduate or graduate degree.

\*Note – should there be no qualified applicants in a given year, this scholarship may be offered to children of any currently employed employee of Sanford Worthington currently enrolled in an accredited registered nursing program pursuing a RN undergraduate or graduate degree. The child will be subject to the same scholarship requirements as stated below.

## **Academic requirements:**

- Must have completed a minimum of 6 credits in an accredited RN undergraduate or graduate program.
- Cumulative grade point average (GPA) of 3.0 or higher (need to complete credits to meet GPA criteria).
- Must submit written proof of acceptance and enrollment in accredited post-secondary nursing program with validation of in-progress status prior to scholarship award.
- Original official school transcript of most recent completed semester grades sent directly to Worthington Regional Health Care Foundation, Inc. or sealed and attached to scholarship application. Copies will not be accepted.

## **References:**

Two professional letters of references (sealed) are included with scholarship application or sent directly to the Foundation. References allowed include work supervisors, instructors in nursing programs, registered nurse co-workers, and mentors as examples. No relatives should be used as a reference.



## Essay Questions:

The following essay questions must be answered – please attach answers to questions on additional sheets of paper as necessary.

1. Describe your current status of employment.
2. Describe how the advanced education will help you both personally and professionally?
3. Explain how the new degree can benefit the Worthington region?
4. Describe your financial need in relationship to the cost of the program.
5. Summarize the curriculum of the degree you are hoping to attain.
6. Describe how you are currently involved with the community in which you reside.
7. Describe the likelihood you perceive to maintain employment in the Worthington region.

## Review and selection process:

The Scholarship Committee of WRHCF, Inc. will review applications and make recommendations to the Worthington Regional Health Care Foundation, Inc. Board of Directors. Selection will be based on:

- Application form is complete.
- Academic requirements are met.
- Two references are included or have been sent directly to Foundation prior to award decision.
- Essay questions complete and included on separate sheet(s) of paper.
- Deadline for submission of application is met – **August 1st of current year.**

## Send completed application and all necessary documentation to:

Worthington Regional Health Care Foundation, Inc.  
Attn: Scholarship Committee  
1121 3rd Avenue  
Worthington, MN 56187

For additional information or questions, please write to the above address or call 507-360-6646.

**One \$2500 scholarship per year will be awarded.** The scholarship recipient will be notified in writing by the Worthington Regional Health Care Foundation, Inc. Executive Director after a decision is made. All applicants will be notified in writing whether or not they are awarded this scholarship.

**Once the scholarship is awarded, funds from the scholarship will be sent directly to the school the student is currently enrolled. Any unused funds must be returned to the WRHCF, Inc.**

**DOROTHY RUTGERS MEMORIAL SCHOLARSHIP  
SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered Nurse enrolled in: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Status (full-time or part-time): \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education (i.e., high school, college, vocational school):

Name of School	City/State	Graduation Date	Degree
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you currently working for:

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Have you previously received a WRHCF scholarship? \_\_\_\_\_

Which one? \_\_\_\_\_ When? \_\_\_\_\_ \$ \_\_\_\_\_

Which one? \_\_\_\_\_ When? \_\_\_\_\_ \$ \_\_\_\_\_

.....  
I certify that the information in this application is complete and accurate. I understand that any falsification of the required information will disqualify me from receiving scholarship funds.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Deadline for application is August 1, current year.**

Send to: wrhcf@outlook.com or mail to, 1121 3rd Ave., Worthington, MN 56187

