

Redwood Area Hospital Foundation Scholarship Application

TO THE APPLICANT:

To be considered for the scholarship the recipient must pursue a health care career; have a GPA of 3.0 or better; display leadership in the school and community; and include an essay explaining why you are pursuing a health care career.

Please fill out the entire application to the best of your ability. When complete, forward the application to the school guidance office by March 2.

Mail completed application to:
Redwood Area Hospital
C/O Samantha Loomis, Foundation Director
100 Fallwood Road
Redwood Falls, MN 56283

Certification and Permission to use “Recipient Information” to Announce Scholarship Winners:

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from the Redwood Area Hospital Foundation, they may use my name, photograph or likeness, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media, to advance the non-profit objectives of the hospital foundation.

Applicant’s Signature _____ Date _____

Parent’s Signature (if student is younger than 18 years old) _____