o words or less, please describe your perso scribed in the Eligibility Criteria.	onal interests and how your present career goals relate to the health care-related profession
g ,	

Submit/return this form to your scholarship provider.

I certify that the information provided on this application, and all supplemental forms, is complete and correct to the best of my knowledge. I further certify that if I am chosen as a scholarship recipient, I will use those funds only for expenses related to my education.

Signature	Date



Health Profession Scholarship Application



Scholarship Information

The Mayo Clinic Health System in Waseca Scholarship was established to encourage students to enter a health profession field of study and continue their education. Mayo Clinic Health System will recognize scholastic ability, leadership and personal goals as they relate to health carerelated professions.

Eligibility Criteria

- have a GPA of at least 3.0 on a 4.0 scale
- provide a copy of the most current transcript of grades
- provide two letters of recommendation from professional or academic references
- write a brief statement (200 words or less) giving additional information on your personal goals, career interests, family life, background and any additional information you feel is pertinent to evaluating your application

If I am chosen as a scholarship recipient, I will give my permission to use my name and photo in future press releases and publications of Mayo Clinic Health System.

Signature	Date



Health Profession Scholarship Application

Waseca

Personal Information

Name (First, Middle, Last)

Street Address				
City		State	ZIP Code	
Preferred Phone Number	E-mail Address	<u> </u>		
Academic Information				
High School Currently Attending			Anticipated Graduation Date	
Concentrated Field of Study		Current Grade Point Average (GPA) (Please attach a copy of your transcript of grades)		
Post Graduate/Career Plans	1			
Have you volunteered for, or been associated with, an o	organization in a health care-rela	ted field? If so, p	lease explain.	
Please list any community or campus activities in which	n you have participated.			
Please give us any additional information you feel is per	tinent to evaluating your applica	tion.		

Return completed application to your scholarship coordinator by the deadline given to you.

(Continued on back)