



802 2nd St NW Bowman, ND

(701) 523-5142

Healthcare Scholarship Application

Eligible applicants must have successfully completed all requirements for at least their freshman year of college. The applicant must be going into a healthcare field or healthcare related field of study. The applicant must have received written notification of acceptance into their healthcare related field of study. The Sunrise Foundation will accept applications from students originally from Bowman County, Slope County, Western Adams County, and Harding County.

Applicant Information

Full Name: _____
(Last) (First) (Middle)

Current Mailing Address:

Current Phone Number: _____ E-mail Address: _____

Name of Parents or Guardian:

Address of Parents or Guardian:

Name of professional degree program or field of study:

Name and address of college or university you are attending or plan to attend:

Education

Year completed as of 5/2024: _____

Expected date you will complete your degree requirements (Month/Year): _____

Are you currently enrolled as a full-time student as defined by your college or university: Yes _____ No _____

Please give us the anticipated costs for one semester:

Tuition: \$ _____

Misc. Fees: \$ _____

Books: \$ _____

Other: \$ _____ Consisting of: _____

TOTAL COST PER ONE SEMESTER: \$ _____

List probable sources of financial support for your education:

Savings: _____ % Parents: _____ % Employment: _____ %

Grants, or Financial Aid: _____ % Scholarships _____ %

Other (_____): _____ %

Have you ever worked or volunteered at a healthcare organization? Yes _____ No _____

If yes, please let us know the name and location of healthcare organization:

After you complete your education, would you consider employment at Southwest Healthcare Services in Bowman?
Please answer yes or no and state reasons for your decision.

Attachments

Please attach the following:

1. A short essay (no more than 350 words) that includes the following information:
 - Past work experience
 - Volunteer service (if any)
 - Extracurricular activities
 - Special honors and awards
 - Future goals & career plans
2. A copy of your most recent transcript
3. Written letter of acceptance into your healthcare program
4. Two letters of recommendation (excluding relatives); Include their professional relation to you
5. In the event that you are awarded a scholarship, we will ask for a photo that will be used with an announcement story.

When completed please mail or email the application and attachments to:

Mail:

**The Sunrise Foundation, Inc.
Attn: Mariah Botha, Foundation Director
802 2nd St. NW
Bowman, North Dakota 58623**

Email:

Sunrise@swhealthcare.net; Subject: (Name) Healthcare Scholarship Application

Deadline: May 10th, 2024

Disclaimer and Signature

I hereby certify that the answers given herein are true and correct. I authorize investigation of all statements contained in this application and agree to reference checks as may be deemed necessary to verify any and all information.

Your application will not be completed until all components are received into our office. Please ensure your application form includes your essay, current transcript, letter of acceptance into your healthcare program, and two letters of recommendation. In the event that you are awarded a scholarship, half the awarded amount will be received the first semester and the remainder the second semester of the college or university you attend.

Signature: _____ Date: _____