



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

Phone Number

Mailing Address

City / County

Email Address

Name of professional degree program or field of study:

Name and address of college or university you attend:

EDUCATION

Year completed as of 5/2027:

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?



Have you ever worked or volunteered at a healthcare organization?

If yes, please list the name and location of the healthcare organization:

After you complete your education, would you consider employment at Southwest Healthcare Services in Bowman, ND? Please state reasons for your decision.

ATTACHMENTS

Please attach the following:

1. An essay (no more than 350 words) that includes the following information:
 - a. Past work experience
 - b. Volunteer service (if any)
 - c. Extracurricular activities
 - d. Special honors and awards
 - e. Future goals & career paths
2. A copy of your most recent transcript.
3. Written letter of acceptance into your healthcare program
4. Two letters of recommendation (excluding relatives).
5. In the event that you are awarded a scholarship, please attach 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.
802 2nd St NW
Bowman, ND 58623

Email:

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

Deadline: May 7th, 2027

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, and two letters of recommendation. In the event 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: