



802 2<sup>nd</sup> St NW Bowman, ND

(701) 523-5142

### Graduating Senior Healthcare Scholarship Application

*Eligible applicants must have successfully completed all requirements to graduate from high school. The applicant must be going into a healthcare/healthcare related field of study. The Sunrise Foundation will accept applications from students graduating 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 and Address of Parents or Guardian:

\_\_\_\_\_

\_\_\_\_\_

Name of professional degree program or field of study:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Education

High School Activities:

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(Add attachments as necessary)

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:

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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:
  - What motivates you to go into healthcare?
  - Career and college goals
2. A copy of your most recent transcript
3. Two letters of recommendation (excluding relatives)
4. 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 2<sup>nd</sup> St. NW  
Bowman, North Dakota 58623**

**Email:**

**[Sunrise@swhealthcare.net](mailto:Sunrise@swhealthcare.net); Subject: (Name) Graduating Senior Healthcare Application**

**Deadline: May 9th, 2025**

## 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: \_\_\_\_\_