

Annual scholarship application

Olivia Hospital & Clinic Foundation Scholarship Fund provides annual awards to support students and employees pursuing a degree in human health care. Our goal is to encourage future healthcare professionals to return and serve the communities we care for.

This scholarship is open to all eligible applicants regardless of race, creed, or national origin. Each student is eligible for one scholarship per application cycle.

Application Categories:

- High School Senior
- High School Senior of an Olivia Hospital & Clinic Employee
- Current College Student
- Olivia Hospital & Clinic Employee

Olivia Hospital & Clinic Foundation Scholarship Criteria:

High School Senior or *High School Senior of an Olivia Hospital & Clinic Employee

- Graduating high school senior from a Renville County high school or a resident of Renville County (*Note: Not if you are an OHC employees' child)
- Pursuing a degree in a human health care field
- Current GPA of 2.0 or higher
- Completed application with all supporting documents submitted on time
- *Parent/legal guardian is an active Olivia Hospital & Clinic employee for at least 6 months (HealthPartners employees with a primary work location in Olivia, Hector, or Renville also qualify).

Current College Student

- If you received a scholarship as a high school senior, you may reapply.
- Accepted into a human healthcare-related college program (*nursing, physical therapy, medical, etc.*)
- Proof of acceptance required
- Completed application with all supporting documents submitted on time

Olivia Hospital & Clinic Employee

- Accepted into a program to pursue a higher degree in a human health care field
- Active Olivia Hospital & Clinic employee for at least 6 months (*HealthPartners employees with a primary work location in Olivia, Hector, or Renville also qualify*)
- Approval letter from direct supervisor required
- Completed application with all supporting documents submitted on time

Application deadline, how to submit and award date

Applications are due to Olivia Hospital & Clinic Foundation by **March 27, 2026**.

Email completed application and required attachments to

Jackie.A.Edwards@HealthPartners.com.

Scholarship awards will be presented **May 2026**.

Questions, please contact Jackie Edwards, Director of Foundation and Community Relations at **320-523-8374**.

 **Olivia Hospital & Clinic Foundation**



About you

Full Name:

Name of Parents/Guardians if a high school student:

Address:

Current Enrolled High School or Educational Institute: *(If applicable)*

Phone Number:

Email Address:

Educational Institute planning on attending:

Anticipated program of study or current program of study:

Cumulative GPA: *(If applicable)*

Select 1-2 options

- High school senior pursuing a human healthcare degree at a 4-year institution
- High school senior pursuing a human healthcare degree at a Technical or Vocational institution
- High school senior of a Olivia Hospital & Clinic Employee
- Olivia Hospital & Clinic Employee
- Current college student pursuing a human healthcare higher education and/or certificate

Attachments

- High School Transcript or College Transcript *(Not applicable to Olivia Hospital & Clinic Employee applications)*
- 1-2 Letters of Recommendations *(letters should not be from a relative)*
- Essay *(as noted below)*
- List of school and community activities you are involved in *(option attachment)*

Essay

5-paragraph essay to answer the following questions. Essays will be scored as follows: 30 points for Content, 20 points for Organization, and 10 points for Spelling and Grammar.

- What are your educational and career plans? How did you become interested in this career path? What is your five-year plan and/or goals?
- What role does your chosen profession play in rural health care?
- Looking to the future after you receive your health care degree, explain what you can bring back to our communities and how do you feel you can make a difference?
- Why do you believe you should be considered for this scholarship?

Release of information

Scholarship, certain information, such as your name, hometown, major/minor or program of study, dates of attendance, class year, and extracurricular activities may be shared with the donor(s) who funded the scholarship, as well as included in marketing and communications materials. By signing below, you certify that you understand how this information may be used. Release of such information is NOT a condition of selection for scholarships.

Date

Signature
