

HUTCHINSON HEALTH FOUNDATION EMPLOYEE SCHOLARSHIP APPLICATION

Hutchinson Health Foundation was established to optimize the health and well-being of our communities by partnering with those we serve. This scholarship is open to a student, without respect to race, creed, or national origin. Each student is eligible for one \$2,000 scholarship per year from Hutchinson Health Foundation.

The Hutchinson Health Foundation Employee Scholarship is to provide an employee who has shown an interest in furthering their career in the human health care field with scholarship funding. This scholarship is open to any employee of Hutchinson Health.

Eligibility

- Applicant must be an employee of Hutchinson Health
- Applicants must be enrolled in an undergraduate or graduate program (4 credit minimum required)
- Applicants must be pursuing a degree in a human health care related field
- Applicants must have a current GPA of at least a 3.0. (If attending college for the first time, this step may be omitted.)

Application Requirements

To be considered for the Hutchinson Health Foundation Employee Scholarship, applicants must complete an application and return it to the Foundation by Friday May 1, 2026 by 12:00 noon. Late applications will not be accepted. The application must include:

- A completed application form.
- Two letters of recommendation with at least one from a fellow Hutchinson Health employee.
- An official college transcript - including GPA. Most recent transcript preferred. However, if attending college for the first time, please provide proof of enrollment.
- A one page (<750 words) statement stating the applicant's qualifications, educational and career goals.

Please return the application and supporting materials to foundation@hutchhealth.com or mail to:

Hutchinson Health Foundation
1095 Highway 15 S
Hutchinson, MN 55350

Selection Process

- Selection data to be considered:
 - a. Aspirations and goals
 - b. Community involvement
 - c. Work experience
 - d. Letters of recommendation
- Selection committee will be composed of the Hutchinson Health Scholarship Committee. The scholarship will be awarded to an employee wishing to advance their education in a human health care field.
- This scholarship will be awarded by July 1st, 2026 and paid out the following January, **after appropriate college paperwork is returned to the Foundation.** This scholarship is available for one year after selection.

Applicant's Full Name (First, Middle, Last)			
Date of birth – Month/ Day/Year			
E-mail:		Phone #:	
Home Address	City	State	Zip Code
Attending Educational Institution		Educational Institution Address	

1. Educational Goals & Career Plans:

2. College Activities/Honors (If you have not recently been a student you can omit this section)

School Activities/Honors	Date: mo/year to mo/year	Total Length of Time

3. Community Activities, list all & length of time involved for the past three years

Community Activities	Date: mo/year to mo/year	Total Length of Time

4. Work Experience, list all prior employment for the past three years, including length of time employed

Employer	Title	General Duties	Hours per week	Date: mo/year to mo/year	Total Length of Time

5. Special Circumstances:

6. GPA

Transcript Attached yes ☐ no ☐

DATE

SIGNATURE (Electronic signature accepted)