



HUTCHINSON HEALTH FOUNDATION EMPLOYEES' CHILD SCHOLARSHIP APPLICATION

Hutchinson Health Foundation was established to optimize the health and well being of our communities by partnering with those we serve. Two \$2000 Scholarships will be given through this program. **Both scholarships are renewable for the same amount, a second year upon meeting specified criteria.** Each student is eligible for one scholarship per year from Hutchinson Health Foundation. This scholarship is open to a student, whose parent/guardian is an employee of Hutchinson Health.

Application Instructions

Please complete the attached application form to apply for the Hutchinson Health Foundation Employees' Child Scholarship and submit to the Foundation office by Friday, May 1, 2026 by 12:00 noon. Late applications will not be accepted.

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

Hutchinson Health Foundation
1095 Highway 15 S
Hutchinson, MN 55350

Requirements

- Applicants must be a child of a Hutchinson Health Employee
- 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, a high school transcript is acceptable.)

Selection Process

- Selection data to be considered:
 - a. Aspirations and goals
 - b. School involvement
 - c. Community involvement
 - d. Work experience
 - e. Cumulative GPA (provided by student)
- Selection committee will be composed of the Hutchinson Health Scholarship Committee. Scholarship will be awarded to students wishing to advance their education in state supported universities or private liberal arts colleges and is open to undergraduate course work in a 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 First Name	Middle Name	Last Name	
Date of birth – Month/ Day/Year:			
E-mail:			
Home Address	City	State	Zip Code
Name of parents or guardians	Phone #		
Address (if different from above)			
Current Educational Institution	Address		
City	State	Zip Code	
If postsecondary – what year?	Parent/Guardian – job title within HAHC		

1. Educational Goals & Career Plans:

2. School Activities/Honors - Grades 9-12 (and higher if applicable)

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

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

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

5. Special Circumstances:

6. GPA

Transcript Attached yes ☐ no ☐

DATE

SIGNATURE (Electronic Signature Accepted)