

APPLICATION

Dr. Jerry Church Community Health Sustainer's Award

This scholarship is available to help individuals finance the cost of medical training. The applicant must have been accepted into the nursing program at The College of St. Scholastica or into the UMD School of Medicine. The applicant must have graduated from a high school in Northeastern Minnesota and have a desire to serve as a family practice physician, nurse practitioner, or registered nurse in a rural community. The award is one thousand dollars (\$1000) and will be paid out in five hundred dollar (\$500) installments for each of two years. Please return completed application to:

Marketing Communication Manager
FirstPlan of Minnesota
525 S. Lake Ave., Suite 222
Duluth, MN 55802

Application deadline is April 30th.

I hereby apply for the **Dr. Jerry Church Community Health Sustainer's Award** according to its terms.

I have been accepted to the following program: _____

At _____
(Name of School)

(Address of School)

I will begin/or began: _____ 20____.

Date: _____ Signed: _____

Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street)

(City, State, Zip)

Telephone Number: _____

Name of High School attended: _____ City: _____
Year of High School Graduation: _____
Name of College attended: _____
Year of College Graduation: _____
Grad Point Average (GPA): _____
High School: _____
College: _____ (overall) _____ (field of study)

How do you plan to pay for your expenses?
Total Projected Annual Cost: \$ _____

Paid by Student: \$ _____
Paid by Family: \$ _____
Other Scholarships: \$ _____
Grant/Student Aid: \$ _____
Student Loans: \$ _____
Other: \$ _____

Total \$ _____
(Should be the same as the
"Total Projected Annual Cost" above)

Are you currently employed? Yes No

Employer: _____

Past Employer(s):

Community Involvement:

Awards or Special Recognition:

References:
Name: _____ Address: _____
Address: _____
Phone: _____
Name: _____ Address: _____
Address: _____
Phone: _____

Are you, or have you ever been a member of a FirstPlan health plan? Yes No
Dates: _____ (FirstPlan membership is NOT required).

Describe your career goals on a separate page. (Please type, 250 words or less).
You are encouraged to submit a letter of recommendation.