



## **SANFORD HEALTH FOUNDATION ALBERT RONICE SCHOLARSHIP**

In 1980, the St. Luke's Hospital School of Nursing became the recipient of a bequest from the estate of the late Albert Ronice of Kindred, North Dakota. Mr. Ronice was interested in helping educate nurses. With the closing of the school in 1987, Sanford Health Foundation was given the responsibility of distributing the money in a manner which best fit the original intent.

Sanford Health Foundation is pleased to be able to award a \$2,100 scholarship for a nursing student entering their fourth year of training for their Bachelor's degree in nursing.

**Purpose:** The purpose of this scholarship is to provide financial assistance for nursing students entering their fourth year of training for their Bachelor's degree in nursing through the Tri-College Nursing Program.

**Eligibility:** Any student may apply, but first priority will be given to St. Luke's School of Nursing graduates, second priority will be given to currently employed Sanford Health associates and third priority to other students. Other criteria will be financial need and academic excellence.

**Award:** One \$2,100 scholarship will be awarded. The scholarship will be paid to the appropriate financial aid office in one payment, in January of the following year.

**Application Deadline:** November 15

**SANFORD HEALTH FOUNDATION ALBERT RONICE SCHOLARSHIP**

**SCHOLARSHIP APPLICATION**

Sanford Health is an equal opportunity employer/educational institution and will not discriminate against applicants because of race, religion, color, national origin, age, sex or disability.

**REQUIRED INFORMATION**

*(applications will not be considered until all information has been received):*

- THREE REFERENCES FROM THE FOLLOWING INDIVIDUALS: 1.) Instructor, 2.) Current Supervisor, 3.) Co-worker  
Application will not be complete until all three references are received
- AN **OFFICIAL** TRANSCRIPT OF GRADES/CREDITS/GPA
- PROOF OF ENROLLMENT (letter of acceptance, etc.)
- **GPA must be 3.5 or higher to be considered for scholarships.**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Current Year in School: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Dependent Children and Ages: \_\_\_\_\_

Past Education (high school, college or vocational school; list most recent first):

Name of School	City/State	Date Attended	Degree
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you currently employed at Sanford Health? \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Status:  Part-time  Full-time Hours Per Pay Period: \_\_\_\_\_

**(NOTE: UNSCHEDULED PART TIME EMPLOYEES ARE NOT ELIGIBLE, UNLESS ENROLLED IN A SANFORD HEALTH EDUCATIONAL PROGRAM)**

Recent Past Employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extracurricular Activities/Community Involvement:

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**Scholarship Essay (please provide on separate sheet(s) of paper and no more than 250 words per essay)**

- 1) Describe your reasons for choosing a health care profession.**
- 2) List/describe career goals after graduation.**
- 3) Describe how receiving this scholarship will benefit you.**

# Sanford Health Scholarship Application

## Financial Information

### Estimate of Annual Educational Expenses

Tuition and Fees \$ \_\_\_\_\_  
Books and Supplies \$ \_\_\_\_\_  
Room and Board \$ \_\_\_\_\_  
Personal Expenses \$ \_\_\_\_\_  
Other Expenses (list) \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Sources of Annual Support

Personal Savings \$ \_\_\_\_\_  
Personal Employment \$ \_\_\_\_\_  
Family Sources \$ \_\_\_\_\_  
Financial Aid \$ \_\_\_\_\_  
Scholarships \$ \_\_\_\_\_

Educational assistance received in past five (5) years (list):

### SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

### CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. If selected for this award, Sanford Health is authorized to publish my name and photograph on its website, publications, and advertisements.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Additional Requirements:**

Applicants must obtain degree within three (3) years from date of initial scholarship award.

The scholarship committee shall utilize the following criteria in the evaluation process: academic standing, goals, initiative, financial need and overall rate of success.

I release any educational records or information necessary to meet the needs of the scholarship committee. I also declare that the statements in the application are true, and falsification will be the basis for immediate denial of the award.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

### **All information must be received in Academic Affairs by November 15.**

RETURN TO: Sanford Health: Academic Affairs  
Attn: Laura Woitte-Currier  
1305 W. 18th Street, Route # 5203  
PO Box 5039  
Sioux Falls, SD 57117-5039

# SCHOLARSHIP REFERENCE

PLEASE MAIL DIRECTLY TO:

Sanford Health: Academic Affairs  
 Attn: Laura Woitte-Currier  
 1305 W. 18th Street, Route # 5203  
 PO Box 5039  
 Sioux Falls, SD 57117-5039

**Reference must be received in Academic Affairs by November 15. The student's application will be considered incomplete if reference is not received by the deadline. When finished, place form in a sealed envelope and sign your name across the seal.**

Applicant's name: \_\_\_\_\_

How long have you know this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

Opposite each ability and/or attitude, check the most appropriate category:

	Excellent	Above Average	Average	Below Average	No Basis for Opinion
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Accountability					
Organizational ability					
Ability to make decisions					

**Overall Evaluation: (Choose one)**     **Highly Recommend**     **Recommend**     **Recommend with Reservations**

What qualities make this applicant a good candidate for this scholarship?

Additional Comments: Please add anything you feel might assist the selection committee regarding this candidate.

Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

**REFERENCE REQUEST TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Several scholarships are awarded yearly to students enrolled in educational programs at Sanford Health.

Funding for these scholarships is provided by Albert Ronice Scholarship fund, Mary Jo Langenwalter Scholarship Fund, Luci Spaeth Holte Scholarship fund, the Kelly Kortan Endowment, the Helen Jacobson Cafourek Fund, the Junge/Moller Endowment Fund, the Roger Martin Scholarship fund, the Donna Howlett Memorial Endowment, the Dr. Denny Ortmeier Scholarship and the Sanford Health Foundation Board of Directors Scholarship fund.

I am enrolled in an educational program and am applying for one of the Sanford Health scholarships listed above. In order that the committee may better evaluate my potential, I request that you complete this reference form and return it to the scholarship committee **by November 15**. I understand that your candid evaluation of me is being sought and that the completed form will be held in confidence by the committee both from me and the public to the extent permitted by law.

Thank you.

Applicant's Name (print): \_\_\_\_\_

Education Program: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_