



Scholarship Application

The *Healthcare Alliance Scholarship* is funded through a grant from the U.S. Department of Labor with ARRA funding.

Applicant Criteria:

- ✓ Must be a new or returning student with a stated major in one of the following programs: nursing through Pine Technical College or Anoka-Ramsey Community College, Cambridge Campus (**Pre-requisites for a nursing program-PTC or ARCC-CC; Long Term Care Certificate-PTC; Associate Degree Health Sciences-PTC; Practical Nurse-PTC; Associate Degree Nursing Mobility-PTC; LPN Mobility-ARCC-CC; Associate Degree Nurse-ARCC-CC; RN to BSN Completion-Bemidji on ARCC-CC campus;**) or **Medical Laboratory Technician-Lake Superior College through partnership with PTC and**
- ✓ Use these funds only for tuition and fees *and*
- ✓ Apply by completing this application form in its entirety (demographic information will be used for required federal reporting purposes only) using an ink pen, do not use a lead pencil *and*
- ✓ Schedule an appointment with an Education and Employment Advisor **BEFORE** the November 30th scholarship deadline or if you are UNSURE if you have done this previously please call 320-629-4570 *and*
- ✓ Sign the application. The applicant's signature implies agreement to all stipulations of the scholarship.

If there are more eligible applicants than funds available, the following will assist the scholarship committee to determine awards:

- ✓ Veteran status.
- ✓ Applicant's ability to communicate educational and career goals and how the scholarship will assist in attaining them.
- ✓ The completeness and readability of the application.
- ✓ Program of study. Medical Laboratory Technician (MLT) students and nursing students completing their final semester will be considered targeted program areas for the 2012 - 2013 academic years.
- ✓ Number of semesters the student has received a Healthcare Alliance scholarship.
- ✓ Students receiving Healthcare Alliance funding must make satisfactory progress (as defined by their academic program) in order to be eligible for funding in subsequent semesters.

Scholarship Award and Distribution:

- ✓ Notice of award will be sent to recipients.
- ✓ Students are required to meet with their Healthcare Alliance Education and Employment Advisor before the submission deadline if they had not previously - **Failure to do so will result in disqualification of scholarship award.**
- ✓ Actual distribution of funds will be made through the respective college Business Office upon verification of enrollment status after the drop/add date and approval by Healthcare Alliance grant staff.
- ✓ While any prospective student may apply, funds will be awarded only to those actually enrolled in PTC or ARCC-CC coursework within the above stated healthcare programs
- ✓ Scholarship funds may only cover tuition and fees up to \$500 per semester.
- ✓ Scholarships are nonrenewable. Students must re-apply each semester.

Application Procedure:

If you meet the above criteria, complete the scholarship application and submit it to the Healthcare Alliance Office at Pine Technical College in person (room 265) or by mail to the attention of "Healthcare Alliance," 900 Fourth Street SE, Pine City, MN 55063. Applications must be complete, signed, and received on or before the stated deadline of Wednesday, November 30, 2011, 4:30 p.m. for spring 2012. Submission via fax or email IS NOT an option. NO EXCEPTIONS.

Remember this is a competitive scholarship, so the more work you put into your application, the better your chances to secure a scholarship.

Updated 10.6.2011 kf



U.S. Department of Labor 2012 Spring Semester Healthcare Alliance Scholarship Application

Demographic information will be used for required federal reporting purposes only.

Student ID (if known):		Social Security Number:	
Last Name:	First Name:	Middle Name:	
Home Address:			
City:	State:	Zip:	
State of Residence:		Phone Number:	
Email:	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please tell us your expected program completion date:			

Program Major:

PINE TECHNICAL COLLEGE

- Pre-requisites for a nursing program
- Long Term Care Certificate
- Associate Degree Health Sciences
- Practical Nurse
- Associate Degree Nursing Mobility

ANOKA-RAMSEY, CAMBRIDGE

- Pre-requisites for a nursing program
- LPN Mobility
- Associate Degree Nurse
- RN to BSN Completion (through Bemidji)

LAKE SUPERIOR COLLEGE

- Medical Lab Technician

Students ONLY taking a Phlebotomy, Nursing Assistant, Home Health Aide or Trained Medication Aide course should contact the Healthcare Alliance for information on possible single course tuition assistance by calling 320-629-4570 or email fridstromk@pinetech.edu.



Please initial that you understand the following:

Schedule an appointment with an Education and Employment Advisor BEFORE the November 30th scholarship deadline. If you are UNSURE if you have done this previously, please call 320-629-4570.

Updated 10.6.2011 kf





HEALTHCARE ALLIANCE

Student's name: _____

1. Write a personal goal statement regarding your educational and career objectives. Please include both long- and short-term goals.

2. As a future health care worker, what strengths or assets would you bring to the profession?

3. What steps or measures are you or will you under-take to ensure you complete your educational goals?

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STUDENT Consent for Release of Information

I, _____, authorize Pine Technical College, Anoka-Ramsey Community College, Lake Superior College, Bemidji State University and the U.S. Department of Labor/Healthcare Alliance Grant to share information about my application in order to:

- Verify enrollment status and pay expenses related to tuition and fee expenses.
- Verify information on participant’s application pertaining to educational goals & status.
- Report individual and/or group progress made by participants receiving Healthcare Alliance funding.
- Any other information that needs to be shared for compliance with federal reporting regulations.

I have been informed of the intended purpose of the use of the information. I have also been informed that this information provided by the above named individual, organization, or agency will not be further released without my consent except that which pertains to the State or Federal regulations that govern activities of Pine Technical College, Anoka-Ramsey Community College, Lake Superior College, and Bemidji State University. This information will be stored in a secure file at Pine Technical College.

I understand that Healthcare Alliance, Pine Technical College, Anoka-Ramsey Community College, Lake Superior College, and Bemidji State University staff may contact me after program completion to comply with Department of Labor (DOL) reporting mandates. Information may include my income and employment status as related to using DOL funds.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any individual, organization, Healthcare Alliance, Pine Technical College, Anoka-Ramsey Community College, Lake Superior College, and Bemidji State University.

I understand that I may revoke this consent upon written notice and that this consent will automatically expire within two years after the date of signature.

I ___ do ___ do not authorize PTC/ARCC to release information announcing my scholarship for publicity purposes.

I certify that the information provided in this application is correct to the best of my knowledge, and I will abide by the conditions set forth previously upon acceptance of this scholarship.

Student Signature

Date

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