

Founders Fund Scholarship First Plan of Minnesota

Description of Scholarship

This scholarship is awarded to a member of First Plan of Minnesota to help finance the cost of higher education or continuing education for studies in the health care field as detailed below. One thousand dollars (\$1,000) will be awarded to each recipient, to be paid out in five hundred dollar (\$500) installments for each of two years. A recipient may re-apply for an additional two years of awards at the end of the first scholarship.

Application Rules and Requirements:

1. Applications for each scholarship year must be completed and returned by April 1 to First Plan of Minnesota at 525 S. Lake Ave., Suite 222, Duluth, MN 55812.
2. The recipient must enroll in an accredited school of higher education which offers an Associate of Science or Arts degree or higher in a health care field as stated in #3 below.
3. The applicant must have plans to pursue a career in medicine, nursing, health administration, pharmacy, medical technology, X-ray technology, dentistry, medical records, dental hygiene, occupational health, occupational therapy, speech therapy, physical therapy, respiratory therapy, medical social work or psychology.
4. The scholarship is open to all current First Plan members and will be advertised by the First Plan Founders Fund Scholarship Committee in a manner that makes all members aware of it by the winter of each year.
5. Questions should be directed to (218) 724-3083 or (218) 529-9957.
6. The Founders Fund Scholarship fiscal year will be from January 1 to December 31.

Terms of Award:

1. The scholarship shall be used to pay tuition, room and board, fees, books, and/or supplies that are directly related to the recipients' educational pursuits in health care fields as stated in #3 above.
2. The award payment will be made after the successful completion of a quarter or semester each year and upon proof of:
 - a. Paid fee or expense statement from the college or university.
 - b. Copies of grades to certify minimum GPA compliance.

Events of Forfeiture:

The recipient forfeits all remaining scholarship entitlements if any of the following occurs:

1. The recipient fails to enroll in an accredited school within six (6) months of notification of the award.
2. The recipient fails to maintain a 3.0 (B) grade point average in a qualifying major field of study and a 2.5 (B-) grade point average in all courses of study.
3. The recipient fails to enroll in a sufficient number of courses to reasonably indicate a major course of study, or officially changes his/her major to one not included in the scholarship program.
4. The recipient fails to complete enough credits in one year to maintain full-time student status, as considered by the recipient's school, unless other arrangements are approved in advance by the committee.

Selection Process:

1. Final selection of the award winner will be made by the First Plan Founders Fund Scholarship Committee. The Committee will normally be comprised of :
 - a. A First Plan physician – either currently practicing or retired.
 - b. A First Plan Board member.
 - c. A First Plan department head/director.
 - d. A First Plan member.
 - e. An area teacher, educational administrator or guidance counselor.
2. The award decision will be made on the following basis:
 - a. Career goals of the individual.
 - b. Scholastic achievement to date.
 - c. Extra-curricular activities.
 - d. Character, personality and leadership of the applicant.
 - e. If all else is relatively equal, financial need will be considered.

Application
Founders Fund Scholarship
First Plan of Minnesota
for First Plan of Minnesota members

To the First Plan of Minnesota Founders Fund Scholarship Committee:
(please type or print CLEARLY)

I hereby apply for a Founders Fund Scholarship according to its terms.

I plan to enroll at: _____
(Name of School)

(Address of School)

I will enroll for the Fall Semester of 20_____.

_____ will be my major field(s) of study.

Date: _____ Signed: _____

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

Home Address: _____
(Street) (City/State/ZIP)

Home Telephone: _____

2. Date of Birth: _____

3. Name & Location of High School: _____

4. Year of Graduation: _____

5. Grade Point Average (GPA): High School: _____ College: _____

6. Names of Parents or Guardians: _____
(First & Last Names)

7. Number of children in family under 18 years of age: _____

8. Are parents or any siblings now attending college? Yes _____ No _____

If yes, how many: _____

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9. How do you plan to pay for college?

a. Please complete the following *annual* budget:
Tuition, room & board, books, supplies, etc.

Total Cost: \$ _____

Paid by Student: \$ _____

Paid by Family: \$ _____

Other Scholarships: \$ _____

Grants/Student Aid: \$ _____

Student Loans: \$ _____

b. Earnings during summer or outside school: \$ _____

Employer(s):

c. Other income: \$ _____

Explain:

10. Have you received other scholarships? Please list.

11. List school and community activities:

12. List positions of student and/or community leadership:

13. List a non-family reference:

Name: _____

Address: _____ Telephone: _____

14. Describe your college and career goals on a separate page (Please type, 250 words or less).

15. You are encouraged to submit a letter of recommendation.
