

Bigfork Valley Hospital Auxiliary

Member of Minnesota Hospital Auxiliary

Tel. 218-743-3177

Bigfork, Minnesota 56628

APPLICATION FOR HEALTH OCCUPATION EDUCATION GRANT

An education grant of \$ 3,000 per year will be awarded to a qualifying candidate who is attending, or has been accepted into, an accredited school of a specified health occupation.

If education is discontinued before completion, or the candidate is dropped from the school, or the candidate is unable for personal reasons to fulfill the obligation to work the required length of time after completion of training, the grant will be discontinued and the applicant must repay the amount of financial aid given to date.

Interest will be charged on any amounts that must be repaid. This interest will be at the rate of 10% per year, beginning on the date of discontinuance of the grant.

A transcript of your high school records (plus college records, if enrolled one quarter/semester or more) must accompany this application. A personal interview may be requested by the grant committee.

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1. Name _____
 2. Age _____
 3. Current Address _____
 4. Permanent Address _____ Phone _____
 5. Field of Study _____

6. Name of School _____ Phone _____

7. Address of School _____

8. Dates of Attendance at school: From _____ To _____

9. Expected Date of Graduation _____

10. Name and Address of nearest relative _____
(parent, spouse, guardian) _____

Signature _____

Date _____

Note: This application must be received by the Grant Committee no later than July 1st of the school year for which you are applying. Thank you, and good luck!

Return to:

Paula Taylor
Bigfork Valley Pharmacy
P.O. Box 258
Bigfork, MN 56628

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AGREEMENT: By candidate for Health Occupation Grant being offered by the Bigfork Valley Hospital Auxiliary of Bigfork.

If I am awarded a grant, it is my intention to complete my health education and to serve as a member of the profession for which I am preparing myself. As a condition of this grant, I agree to work at the Bigfork Valley Healthcare facilities for one year per each grant received upon completion of my training, providing the need exists. Such employment will commence upon the date requested by the facility.

I understand that if I discontinue my education or am dropped from the program/school as a result of not maintaining a satisfactory academic record, or do not agree to work at the Bigfork Valley Healthcare facilities upon completion of my training, that the grant will be discontinued and that I must repay what money has been given to me to date for the education.

Interest will be charged on any amounts, which must be repaid. This interest will be at the rate of 10% per year, beginning on the date of discontinuance of the grant. I agree to sign a demand promissory note that requires repayment of the monies as set forth in this agreement; such note shall be deemed satisfied upon completion of performance on my part pursuant to this agreement.

If I complete my training and work at Bigfork Valley Healthcare facilities for the above specified time, I understand this award money is a gift.

DATE: _____

Candidate Signature

DATE: _____

Auxiliary President Signature

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RESPONSIBILITIES OF CANDIDATE:

1. Acceptance and enrollment in an approved school of the specified health occupation. Please provide proof of this along with grant application.
2. Secure and complete necessary forms for application, making all references and transcripts available to the grant committee.
3. Be willing to meet with the Auxiliary Executive Board for a personal interview.
4. Sign agreement to work for stipulated amount of time according to the number of grants received and submit the signed note(s) for the amount of the grant(s).
5. Reapply yearly by July 1st if more than one grant is desired.
6. Contact Bigfork Valley Healthcare facility three months prior to graduation to apply for employment. A formal application for employment must be completed.
7. Repay the amount of the grant plus 10% interest from the date of discontinuance of the grant if obligations stipulated are not met.
8. Provide verification of enrollment and updates of progress (transcripts) after each quarter/semester is completed.