



HOWARD V. SANDIN HEALTHCARE FELLOWSHIP APPLICATION

The **Howard V. Sandin Healthcare Fellowship** is presented in honor of Howard V. Sandin, M.D. a lifelong resident of Ashland, WI. This fellowship is designed to help individuals who have been formally accepted into a healthcare related program and enrolled in a specific degree program pursue a career in a healthcare field and support the needs of Memorial Medical Center (MMC). The Howard V. Sandin Healthcare Fellowship, is a collaboration by Memorial Medical Center and Partners of MMC.

PART 1 – Personal Information

NAME: _____

PHONE: H) _____ C) _____

ADDRESS: _____
Street

_____ City State Zip

EMAIL: _____

PART 2 – Education

Name of School Dates Attended Graduation Date

High School: _____

College: _____

Other: _____
(Technical School or Certification)

Degrees/Certifications held: _____

Name of Institution you are planning to attend: _____

Current GPA: _____ on a scale of _____

Note: Must have GPA of 3.0 or higher

Major or certification goal: _____

Number of college credits earned to date: _____

Number of credits required for graduation: _____

Expected date to receive degree/certification _____

PART 3

Attach a transcript of your latest academic grades (GPA of 3.0 or above) and arrange to have three (3) letters of recommendation sent to us to be made part of your application

PART 4

Please give information about yourself, your future plans, needs and reasons for applying for this scholarship below. *Use additional pages if necessary.*

PART 5

Please provide information about the amount of the healthcare fellowship you are requesting along with the associated costs.

Amount of Request: _____

For these Expenses: _____

Before submitting, please use the completion checklist below:

- Application Form
- Transcript
- Reference letters (3)
- Letter that includes information about yourself, your future plans, needs and reasons for applying for this scholarship
- Return to:
Scholarship Committee (Admin)
Memorial Medical Center
1615 Maple Lane
Ashland, WI 54806

**The
Howard V. Sandin Healthcare Fellowship
Terms and Conditions**

Applications are reviewed by the Scholarship Committee of the hospital and should be submitted in writing along with other pertinent information such as scholastic records, financial needs, and references. Applications should be sent to the:

Scholarship Committee (Admin)
Memorial Medical Center
1615 Maple Lane
Ashland, WI 54806

The scholarship will be considered for renewal every year upon application to the Scholarship Committee.

The recipient agrees that:

- upon graduation he/she will apply for employment at Memorial Medical Center and if offered, accepting the offer of full-time employment at the prevailing salary for a period of one (1) year is a condition of this financial assistance; if more than one award is given, the recipient agrees to accept full-time employment for at least two (2) years
- if no position is available or offered, there is no obligation to pay back the award(s)
- if employment is declined there is an obligation to pay back the award(s) plus six percent (6%) interest per annum no later than one (1) year after graduation
- should the recipient fail, for any reason, to complete the training or educational program for which assistance is given, the loan shall be repaid to MMC within twelve (12) months with six percent (6%) interest per annum

The fellowship will not be available to the student until he/she has been fully accepted into a healthcare related program and enrolled in a specific degree program by the educational institution.

I have read and understand the terms and conditions of the Howard V. Sandin Healthcare Fellowship.

Signature _____

Date _____