

The H. P. Skoglund Memorial Education Scholarship Fund Application

Fairview Auxiliary

Purpose

It is the intent of the Fairview Auxiliary to encourage and assist employees to continue their education. In recognition of the importance of continuing education, the Auxiliary offers scholarships to eligible Fairview employees through the H. P. Skoglund Memorial Education Scholarship Fund. This fund expresses the ideals and basic philosophy of Mr. H. P. Skoglund, for whom the scholarship fund is named.

Guidelines

Eligibility Statement

This fund is for the continuation of education at any level. It is available to any current employee of Fairview Ridges Hospital, Fairview Southdale Hospital or University of Minnesota Medical Center, Fairview who has been employed for three years or more.

Applicants who received a scholarship last year must skip this year before applying again.

Employee Work Requirement

The employee must continue to work during the period of study. The employee must also intend to continue working with Fairview Health Services following the period of study.

Selection of Applicants

Applicants will be selected on the basis of

1. their educational objective;
2. the relationship of their educational objective to their current and future employment at Fairview;
3. their supervisor's recommendation.

Amount of Scholarships

Scholarships range from \$500 to \$1000.

Time and Conditions of Payment

Payment of scholarships will be made within one year to scholarship recipients upon completion of the designated courses. A copy of the recipient's grade transcripts and fee statements must be sent to the Scholarship Committee at Fairview Auxiliary, Fairview Southdale Hospital. If courses are taken for a letter grade, the employee must maintain a "C" average. If courses are taken on a pass/fail basis, the employee must maintain a "pass" status.

Application Procedure

An application for the H. P. Skoglund Memorial Education Scholarship Fund can be obtained from Human Resources. An application can also be downloaded from the SMARTworks database (SMARTworks #520505) or by going to <http://fvfiles.com/520505.pdf>.

1. Applications must be typed or written legibly in black ink.
2. The deadline for applying for coursework planned for the coming year is AUGUST 31.
3. The deadline for applying for the scholarship is AUGUST 31.
4. Applicants:
 - a. Complete the application forms and return them to Human Resources. It is your responsibility to have your supervisor and the director of Human Resources follow through to complete the application process.
 - b. Your application will NOT be accepted without your supervisor's evaluation. Your supervisor must return the evaluation NO LATER than AUGUST 31 to:

— Human Resources

OR

— Fairview Auxiliary, Fairview Southdale Hospital, ATTN: Scholarship Committee

- c. Have your director or the director of Human Resources review and sign your application after you complete it. Make sure that the department forwards your application (and your supervisor's report if it has been received) to:

Fairview Auxiliary, Fairview Southdale Hospital, ATTN: Scholarship Committee

APPLICATION FOR THE H. P. SKOGLUND MEMORIAL EDUCATION SCHOLARSHIP FUND

I wish to participate in the H. P. Skoglund Memorial Education Scholarship Fund sponsored by the Fairview Auxiliary.
I have read and understood the guidelines of these funds.

(Application must be typed, computer-printed or written legibly in black ink.)

Date _____

Name _____

Address _____

Telephone _____

Employment Record

Hospital _____ Position/Dept. _____

Length of employment _____ Current hours per pay period _____ Full time Part Time

Past and Present Education and Training

<i>Degree/Title</i>	<i>Name of school</i>	<i>Location</i>	<i>Dates (from/to)</i>
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High School _____

Vocational _____

College/University _____

Graduate School _____

What is your educational goal?

How will your proposed course of study aid you in your present position at Fairview or qualify you for a position that is or may become available at Fairview?

Indicate any other factors you believe may be relevant to your application.

Name of school/college you plan to attend: _____

List specific course(s) to be included in your studies:

<i>Course Title</i>	<i>Credits</i>	<i>Cost</i>	<i>Date(s) of Class</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of supervisor to whom evaluation form has been submitted: _____

DIRECTOR OF HUMAN RESOURCES

Signature of Director

Director _____ Date _____

Comments:

Please attach supervisor's evaluation form to the application and send to Fairview Auxiliary, Fairview Southdale Hospital, ATTN: Scholarship Committee. Thank you.

H. P. SKOGLUND MEMORIAL EDUCATION SCHOLARSHIP FUND

Supervisor Evaluation of Applicant

Name of Applicant _____

Dear Supervisor,

This employee has applied to the Skoglund Memorial Education Scholarship Fund to pursue continuing education. The Scholarship Committee of the Fairview Auxiliary would appreciate your assistance by evaluating and commenting on this employee's work and performance. This evaluation is a mandatory part of the application. The employee's application will not be considered without it. Thank you for your time and attention.

Sign and return the typed or printed evaluation before AUGUST 31 to:

- Human Resources, University of Minnesota Medical Center, Fairview (if employee works at UMMC), Fairview Southdale Hospital or Fairview Ridges Hospital (if employee works at FSH or FRH)

OR

- Fairview Auxiliary, Fairview Southdale Hospital, ATTN: Scholarship Committee

Thank you!

Comments:

(Please attach additional pages as necessary.)

Supervisor _____ Date _____