

# Ramona L. Mohs Health Careers Scholarship Application

The Ramona L. Mohs Health Careers Scholarship is gifted in honor of Ramona L. Mohs, a long time member of Salem Lutheran Church and a professional Registered Nurse (RN) for over fifty years. Her wish is to provide financial support to individuals who have a strong desire to work in the field of health care.

## Scholarship Eligibility and Selection Criteria:

The "Ramona L. Mohs Health Careers Scholarship" is given annually to an individual who meets the following stipulations:

- An individual who is a member and/or active participant of Salem Lutheran Church, St. Cloud, MN, and has a strong faith based value system.
- A high school graduate in good academic standing, with a professed interest and intention of pursuing or continuing a professional career in the broad field of health care.
- Plans to enroll as a full-time student in a course of study at an accredited university, two or four year college, area vocational technical college, or a private vocational technical school.
- Has a need for financial assistance.

## Required Application Materials (use this as your checklist):

- This application form completed.
- Copy of high school transcript that includes GPA, OR copy of college transcript if already attending an institute of higher education. GED diplomas and transcripts are also acceptable.  
Copy of acceptance letter to an accredited college, university or technical school; letter or other
- documentation must include intended program of study.

All these materials must be received by **March 31**. Send or have the materials sent to:

Salem Foundation, Inc., Salem Lutheran Church, 90 Riverside Drive SE, St. Cloud, MN 56304

Or to: [salem.us@juno.com](mailto:salem.us@juno.com)

After the **March 31** deadline, an applicant will be contacted if his/her file is incomplete and given an opportunity to submit missing materials. Files that remain incomplete may not be reviewed.

Selection and Award Process: Award ceremony and reception is scheduled for Sunday, \_\_\_\_\_. One scholarship will be awarded annually in the amount of \$500 by the Salem Foundation Board. The Salem Foundation will send one award payment directly to the scholarship recipient's educational institution during the first or next term of enrollment.

Complete the following.

_____	_____	_____	_____	_____
First Name	MI	Last Name		
_____	_____	_____	_____	_____
Permanent Address		City	State	Zip
_____	_____	_____	_____	_____
Email address		Phone Number (cell or land line)		
_____	_____	_____	_____	_____
High School	Graduation Date	Intended Post-Secondary Institution	Planned Enrollment Date	

I certify that, to the best of my knowledge, the information I provided in this application is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**READ CAREFULLY:** Adobe Reader does not allow you to save what you have entered. Everything you type will be lost after exiting Adobe Reader. Once you have you have completed this application, print it, sign it (page 1) and mail or deliver it to Salem Lutheran Church.

#### Applicant Narrative

What health care professional do you intend to pursue through higher education. Why have you chosen this career field?

Describe your involvement with Salem Lutheran Church, the initiatives you take to “Make Jesus Known” in your daily life, and how you think your faith will guide you in your chosen field of health care.

How would this scholarship benefit you financially as you pursue your education?