

Dr. Murthy & Chisey Hansen Medical Scholarship

Application Form – Cedar Mountain High School Seniors

Name: _____ School: _____

Home Address: _____

Phone: _____ Email: _____

Involvement in school and/or non-school related activities/groups, including volunteer activities:

College/Technical School planning to attend: _____

Program: _____

Directions:

1. Seniors from Cedar Mountain High School who will be entering college/technical school next fall in a health-related area are eligible for this scholarship.
2. Complete the application.
3. Write an essay explaining the reasons you are interested in entering the medical field, your long-term goals, and why this scholarship would help you to obtain these goals. Attach essay to the application.
4. Please provide two letters of reference from people who know that your abilities and talents demonstrate you would be a good recipient of this scholarship.
5. Send this application, your essay and the two letters of reference to:

Mikayla Bruggeman
Sleepy Eye Medical Center
Attn: Dr. Murthy & Chisey Hansen Medical Scholarship
400 4th Ave. NW
Sleepy Eye, MN 56085

Applications may also be emailed to: mbruggeman@semedicalcenter.org

All applications must be received in their entirety by **April 15, 2025.**

6. The applications will be reviewed by the scholarship committee. One \$500 scholarship will be given out to an eligible student at Cedar Mountain High School. The winner will be announced in early May.
7. Scholarship funds will be disbursed upon proof of successful completion of the first semester at the college or technical school. If, for some reason, the recipient does not attend school, the scholarship will be withdrawn.