

# Mary E. Paquay Scholarship Program Guidelines

New Ulm Medical Center Foundation

The Mary E. Paquay Scholarship Program is made possible through a generous donation by Arthur Paquay and his family and is dedicated in memory of Mary E. Paquay. A \$2,500 scholarship will be given to one recipient pursuing a nursing degree for the 2010-11 school year.

## Eligibility

The scholarship award will be awarded to a resident in the New Ulm, St. George or West Newton area that have been accepted and will be entering an accredited nursing degree program this fall (L.P.N., R.N., B.A./B.S.N., or M.S.N.) at a post secondary institution and intends to pursue a career at New Ulm Medical Center. Applicants that have not been formally accepted into a nursing program or are previous recipients of the Mary E. Paquay Scholarship are not eligible.

## Process

- Applications are due March 1 to:  
New Ulm Medical Center Foundation  
Attn: Carisa Buegler  
1324 5<sup>th</sup> North  
New Ulm MN 56073
- Applications need to include:
  - Completed application.
  - Essay (250 – 350 words) relating to the role of nursing in health care today and the applicant's philosophy of nursing, personal career goals and plans in a health care setting.
  - Two letters of recommendation from someone other than a family member. (One letter should be from a non-school person.)
  - Transcript of courses completed, ACT and/or SAT test scores.

## Selection Criteria

Preference will be given to the following:

- A resident in the New Ulm, St. George or West Newton area.
- Academic performance of 2.5 GPA or better.
- Social and community involvement.
- Educational career goals that complement New Ulm Medical Center's commitment to providing the highest quality of patient care.
- Essays will be judged on the basis of clarity, personal commitment, relevance and innovative ideas. Essays should be submitted on plain white, 8 ½" x 11 paper, typed and submitted with the application form.
- All applications will be reviewed by a committee of volunteers and staff at New Ulm Medical Center.

## Criteria

1. Award must be used during the 2010-11 school year.
2. The scholarship award will be sent directly to the school on behalf of the recipient.
3. If the recipient does not use the award or drops out of school for any reason, he/she will reimburse the Foundation the full amount of the award within six months of receipt.

## Contact Information

For questions, please contact Carisa Buegler at the New Ulm Medical Center Foundation at 507-233-1188.

# Mary E. Paquay Scholarship Program Application

New Ulm Medical Center Foundation



NEW ULM  
MEDICAL  
CENTER  
*Allina Hospitals & Clinics*  
Foundation

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents' Names and Place of Employment

Father's Name: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment \_\_\_\_\_

## Educational Information

School Name/Address	Course Major/Minor	Last Year Attended	Number of Months/Years Attended	Diploma Degree	G.P.A.
<b>High School</b>					
<b>College/University</b>					
<b>Other</b>					

## Employment Experience (please list most recent to least recent)

1) Employer Name/Address \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2) Employer Name/Address \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3) Employer Name/Address \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Describe significant volunteer, school or community involvement: \_\_\_\_\_

\_\_\_\_\_

Describe academic and career goals: \_\_\_\_\_

\_\_\_\_\_

What are your expected education expenses for 2010-11 school year (e.g. tuition, room and board, fees and books) and how do you plan to finance them? \_\_\_\_\_

\_\_\_\_\_

### **Nursing Program Acceptance**

Please check the nursing program you have been accepted into and will begin this fall:

- L.P.N.
- R.N. (2 Year)
- R.N. - B.A./B.S.N. (4 Year)
- M.S.N (Masters)

School Attending \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

I certify all information in this application and its attachments are correct and will notify New Ulm Medical Center Foundation of any changes.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

Please return by March 1 your completed application form, essay, letters of recommendation and transcripts to your school's guidance office or mail to:

Carisa Buegler  
 New Ulm Medical Center Foundation  
 1324 5<sup>th</sup> North  
 New Ulm MN 56073