



DR. ROSE FUND



STUDENT LOAN APPLICATION FOR CAREERS IN HEALTHCARE

Purpose:

To recognize and support students in pursuit of a career in the health care field.

Loan:

A loan will be given to qualified individuals seeking a profession in health care. Loans can be made in amounts not to exceed one thousand dollars per semester and not more than a total maximum of five thousand dollars for any student. The amount of the loan will depend on financial need and the type of training sought. All applications should be mailed to:

Dr. Rose Fund, Inc.
P.O. Box 331
Lakefield, MN 56150

Please email questions to Donna at: donna.hage@mnwest.edu

Loan guidelines:

Recipients of this loan must maintain satisfactory grades. This loan is to be repaid starting 180 days after graduation or withdrawal from school. The interest rate will be 2% per annum.

Please fill out the attached application.
Applications must be returned by July 31.
Loan decisions will be made by August 15.

Dr. Rose Fund, Inc.
Loan Application
For Careers in the Health Care Field

NAME: _____
ADDRESS: _____

CELLPHONE: _____
EMAIL: _____

SCHOOL DATA:

NAME OF SCHOOL WHICH APPLICANT HAS BEEN ACCEPTED AS A STUDENT:

4-YR COLLEGE/UNIVERSITY ___ TECHNICAL COLLEGE ___ COMMUNITY COLLEGE ___

ACCREDITED? YES ___ NO ___

ADDRESS: _____

STUDENT WILL LIVE: ON CAMPUS ___ OFF CAMPUS ___ WILL COMMUTE ___

ENROLLED: HALF-TIME OR MORE ___ FULL-TIME ___

ANTICIPATED DATE OF GRADUATION FROM POST-SECONDARY PROGRAM: _____

MAJOR FIELD OF STUDY APPLICANT PLANS TO PURSUE: _____

WHAT IS THE EXPECTED SEMESTER COST FOR TUTION, BOOKS, SCHOOL FEES, SUPPLIES
AND EQUIPMENT: \$_____.

PERSONAL DATA:

DESCRIBE YOUR WORK EXPERIENCE DURING THE PAST 4 YEARS. INDICATE DATES OF EMPLOYMENT IN EACH JOB AND APPROXIMATE NUMBER OF HOURS WORKED EACH WEEK.

<u>POSITION</u>	<u>DATE FROM</u>	<u>DATE TO</u>	<u>HOURS/WEEK</u>

LIST ALL SCHOOL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED SUCH AS STUDENT GOVERNMENT, MUSIC, SPORTS, ETC. LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED WITHOUT PAY DURING THE PAST 4 YEARS SUCH AS RED CROSS, CHURCH WORK, VOLUNTEER WORK, ETC. INDICATE ALL SPECIAL AWARDS AND HONORS:

WHAT FINANCIAL ASSISTANCE RESOURCES HAVE YOU APPLIED FOR?

WHAT OTHER FINANCIAL ASSISTANCE WILL YOU RECEIVE FOR YOUR EDUCATION? PLEASE INCLUDE AMOUNTS.

WHY ARE YOU APPLYING FOR A FUND LOAN?

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE THE FUND TO CONSIDER IN ITS REVIEW OF YOUR APPLICATION?

PLEASE RETURN THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1. PLEASE PROVIDE A CLASS AND GRADE TRANSCRIPT FROM ANY SCHOOL YOU ATTENDED IN THE LAST FIVE YEARS.

2. PLEASE PROVIDE WRITTEN EVIDENCE, FROM THE ABOVE SCHOOL THAT YOU WILL BE ATTENDING, THAT YOU HAVE BEEN ACCEPTED AS A STUDENT IN THE COURSE OF STUDY AND FOR THE TIME PERIODS DESCRIBED HEREIN.

3. THE ATTACHED APPLICANT APPRAISAL.

I HEREWITH AFFIRM THAT THE INFORMATION SET FORTH HEREIN IS COMPLETE AND ACCURATE.

DATE: _____

APPLICANT

PLEASE PRINT NAME

APPLICANT APPRAISAL

APPLICANT APPRAISAL IS TO BE FILLED OUT BY HIGH SCHOOL COUNSELOR, A MEMBER OF THE CLERGY, AN INSTRUCTOR, A PROFESSIONAL PERSON OR SUPERVISOR.

INSTRUCTIONS TO APPRAISER: YOU HAVE BEEN ASKED TO PROVIDE INFORMATION IN SUPPORT OF THIS APPLICATION FOR A STUDENT LOAN. PLEASE GIVE IMMEDIATE AND SERIOUS ATTENTION TO THE FOLLOWING STATEMENTS. WHEN COMPLETE, PLEASE RETURN TO THE APPLICANT.

	<u>EXTREMELY APPROPRIATE</u>	<u>VERY APPROPRIATE</u>	<u>MODERATELY APPROPRIATE</u>	<u>INAPPROPRIATE</u>
THE APPLICANT'S CHOICE OF A POST-SECONDARY EDUCATION PROGRAM IS:	_____	_____	_____	_____
THE APPLICANT'S ACHIEVEMENTS REFLECT HIS/HER ABILITY:	_____	_____	_____	_____
THE APPLICANT'S ABILITY TO SET REALISTIC AND ATTAINABLE GOALS IS:	_____	_____	_____	_____
THE QUALITY OF THE APPLICANT'S COMMIT- MENT TO SCHOOL AND COMMUNITY IS:	_____	_____	_____	_____

IN WHAT CAPACITY AND FOR HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

APPRAISER'S SIGNATURE

Please print name

Phone number