



5. Financial Information: Indicate expected source (s) and size of funds you expect to have other than this scholarship:

A) Other Scholarships Awarded: \_\_\_\_\_

\_\_\_\_\_

B) Loans: \_\_\_\_\_

\_\_\_\_\_

C) Grants or Awards: \_\_\_\_\_

\_\_\_\_\_

D) Personal Savings: \_\_\_\_\_

\_\_\_\_\_

E) Family Savings: \_\_\_\_\_

\_\_\_\_\_

6. Please state briefly your reasons for seeking this scholarship and why you have chosen a career in the medical field:

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7. Please send an official transcript showing your academic performance.

Return application and attachments to: Sanford Bemidji Clinic Administration  
1233 34<sup>th</sup> Street NW  
Bemidji, MN 56601

For information please call Jane at (218)-333-4911