

Delores M. Ervin

Scholarship

Application

Delores Mae Ervin was born to Clarence and Lillian (Kandt) Quandt of Stewart, MN on May 20, 1929. She was a graduate of Gibbon High School. She held employment at Minnesota Rubber in St. Louis Park, MN for 39 years. She was a 50-year veteran of the International Association of Machinists and Aerospace Workers. Delores died July 15, 2007.

Delores wished to foster post-secondary education in health-care related fields; therefore, the Delores M. Ervin Scholarship was created in her honor.

Qualifications

- Selection data to be considered:
 - Aspirations and goals
 - School involvement
 - Community involvement
 - Work experience
 - Cumulative GPA
 - Special circumstances
- The Delores M. Ervin Scholarship is for post-secondary education (including certificate programs) in healthcare related fields which provide direct/hands-on patient care. This is open to healthcare provider fields which includes, but is not limited to: EMT/paramedic, doctors, physician assistants, nurses, nursing assistants, audiologists, dental health field, physical/occupational/speech therapy, optometry, chiropractic, and others at the discretion of the Delores Ervin Scholarship Committee (DESC).
- Applicant must maintain a full-time student status.
- Applicant must be a resident of the former Mcleod West School District as marked on June 1, 2009.
- Applicant must apply within 5 years of high school graduation date.

Please contact your school's counseling office/career center for more information.

Fund Distribution Office
GSL School District
1825 16th Street East
Glencoe, MN 55336
320-864-2400

Hutchinson School
District
30 Glen Street NW
Hutchinson, MN 55350

BLHS School District
220 3rd Street East
PO Box 307
Hector, MN 55342

GFW School District
323 E 11th Street
Gibbon, MN 55335

Sibley East School District
202 3rd Ave NW
Arlington, MN 55307

Ridgewater College
Hutchinson Campus Willmar Campus
2 Century Ave SE 2101 15th Ave NW
Hutchinson, MN 55350 Willmar, MN 56201

Delores M. Ervin Scholarship Application

Who qualifies to apply for the scholarship?

The Delores M. Ervin Scholarship is to be used for post-secondary education (including certificate programs) in a hands-on healthcare related field. This is open to healthcare provider fields which include, but is not limited to: EMT/paramedic, doctors, physician assistants, nurses, nursing assistants, audiologists, dental health field, physical/occupational/speech therapy, optometry, chiropractic, and others at the discretion of the Delores Ervin Scholarship Committee (DESC). Applicant must reside in the former McLeod West school district as it stood on January 1, 2009. Application must be made within 5 years of high school graduation date.

Application and selection procedures

Every completed application received by the specified application deadline (see below) will be given a fair and careful evaluation. All information will be held in strict confidence by the DESC. All applications become the property of the DESC and cannot be returned.

Recipients will be notified in writing of the scholarship award amount. Scholarships awarded cannot exceed the cost of the program for a given year. The applicant is responsible for providing a statement from the school/institution of the cost/balance of the program each year.

Award procedures

Funds will be distributed directly to the school or lending institution upon verification of the following:

- Acceptance into an eligible program of study **AND**
- Successful completion of one semester of a 2- or 4-year program of study **OR**
 - Upon completion of a *diploma* or *certificate program*.
 - Timing of disbursement is at the discretion of the DESC.

The scholarship recipient is responsible for notifying and supplying documentation to the DESC that both award procedure requirements have been met. It is extremely important that each award recipient notify the DESC of a change in educational locations and/or change of major or educational status (i.e. medical leave of absence). In some instances, course changes may disqualify the recipient from receiving future award benefits. Timing of disbursement is at the discretion of the DESC (i.e. on review of completed courses).

Applicant responsibility

- Submit completed application by deadline listed below.
- Write and submit the Educational Statement.
- Submit an official copy of all high school transcript(s) and graduate transcript(s) if applicable.
- Confirm Applicant Appraisals were submitted.
- Provide addressed and stamped envelopes for Applicant Appraisal Letters.

Please return the application and supporting material to the below counseling/career center:

Delores M. Ervin Scholarship Committee
1825 16th Street East
Glencoe, MN 55336
320-864-2400

DEADLINE: APRIL 1st

Application must be received by the application deadline.

Delores M. Ervin Scholarship Application

Please type or print all information, except signatures. If space provided in any section is inadequate, you may attach additional sheets of paper using the same format.

The scholarship applications will be identified by an Applicant ID#. All demographic information provided on this page will be kept separate until the Delores Ervin Scholarship Committee (DESC) has made a decision on award.

I. Applicant's First Name	Middle Initial	Last name
Date Of Birth- Month/Day/Year		
Social Security # (needed for transferring funds to the college or lending institution)		
Home Address	City	State Zip Code
Home Phone Number	Cell Phone Number	
Email Address:		
Parent(s) / Guardian(s) Name(s)		
Address (if different from above)	City	State Zip Code
Home Phone Number	Cell Phone Number	

Certification:

The Delores M. Ervin Scholarship Committee has the sole responsibility of selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of the DESC. It is recommended you keep a copy for your own records.

I acknowledge the decisions made by the DESC are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information will result in termination of any scholarship granted.

Applicant's Signature: _____ Date: _____

Any awards granted will be addressed to both the student and the school (or lending institution) which they are attending. The scholarship recipient is responsible for notifying and supplying documentation to the DESC that both Award Procedure requirements have been met. It is extremely important that each award recipient notify the DESC of a change in educational locations and/or changes of majors. In some instances, course changes may disqualify the recipient from receiving future award benefits.

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II. Post-secondary School Data

Name of post-secondary school you plan to attend:

Use official school names. Do NOT use abbreviations. (If unknown, please list in order of preference the schools to which you have applied)

Name of Institution

City

State

Name of Institution

City

State

Intended course of study (check one):

☐ 4-year College or University (undergraduate)

☐ 2-year Program (undergraduate)

☐ Certificate or Diploma
(Number of credits or hours in program)

☐ Graduate Program
(Number of credits or hours in program)

Choose one of the below:

☐ Year in Post-Secondary Program next school year: 1 2 3 4

☐ Year in Graduate Program next year: 1 2 3 4

☐ Number of credits or hours completed to date: _____ credits / hours
(circle one)

Major or course of study:

Anticipated date of graduation:

Month _____ Year _____

III. High School Data

School Name _____

Graduation Date: Month _____ Year _____

City _____ State _____

Telephone (____) _____

Undergraduate Program/School Data (if applicable)

School Name _____

Graduation Date: Month _____ Year _____

City _____ State _____

Telephone (____) _____

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IV. Activities and Awards

Please list all school related activities in which you have participated during the **past four years**.

1st year (start with the most recent)

Activity	Special Awards, Honors	Offices Held

2nd year

Activity	Special Awards, Honors	Offices Held

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Activities and Awards Continued

Please list all school related activities in which you have participated during the **past four years**.

3rd year

Activity	Special Awards, Honors	Offices Held

4th year

Activity	Special Awards, Honors	Offices Held

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V. Work Experience

List all prior employment for the past three years that was 1 month minimum and at least 5 hours per week. (Do NOT include volunteer work here).

Employer	Title	General duties	Hours/week	Date: Month/year to Month/year

VI. Community Activities

List all community activities and/or volunteer work (work which you have participated in without pay) for the past 4 years. Include the length of time involved in each activity.

Community Activities/ Volunteer Experience	Date: Month/year to Month/year

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VII. Special Circumstances

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

VIII. Educational Statement:

Write a statement of 250 words or less describing:

- The healthcare field you are interested in.
- Explanation of what motivated you to select this healthcare career.
- The steps you will take to achieve your educational goal.

Type your response on a separate sheet of paper and attach it to the application form. Please do NOT include your name on the educational statement.

IX. High School Transcript: Please submit an official high school transcript(s)

High School Class:

Applicant class rank ____

In a class of ____

High School Cumulative Grade Point Average ____ / 4.0 Scale

Undergraduate School/Program Transcript: Please submit an official undergraduate transcript(s) (if applicable)

Undergraduate Class:

Applicant class rank ____

In a class of ____

High School Cumulative Grade Point Average ____ / 4.0 Scale

Delores M. Ervin Scholarship Application

Application Appraisal Form

To be completed by a high school or college counselor, advisor, instructor, or supervisor.

You have been asked to provide information in support of this application for scholarship. **Please give immediate and serious attention to the following appraisal statements.** When complete, please return to the Delores M. Ervin Scholarship Committee in the pre-stamped envelope provided by the applicant. Please be honest and objective and do not share the appraisal form with the applicant once completed. Applicant Appraisal Forms are confidential and will not be reviewed by the applicant once submitted. Appraisal Form should be sent to: Delores M. Ervin Scholarship Committee, GSL Counseling Center, 1825 16th Street East, Glencoe, MN 55336.

Applicant's choice of post-secondary education program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
Applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Not Well
Applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Applicant is able to seek, find, and use learning resources:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
Applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
Applicant demonstrates good problem-solving skills, follow-through, and task completion:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
Applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Applicant's work ethic is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Relationship to applicant _____ How long have you known the applicant? _____

Comments _____

Appraiser's Signature _____ Date _____ Title _____

Telephone Number (____) _____ E-mail address _____

McLeod West Boundary Map June 1, 2009

