The Max and Sara Edelstein Professional Health Career Scholarship is offered to a health career student pursuing an advanced, professional health care career and planning to return to the central Iron Range area. The student must be accepted and/or enrolled in a professional health care program such as physician assistant, nurse practitioner, medical school, pharmacy, physical therapy, occupational therapy, etc. This scholarship is funded through the generous support of the Max and Sara Edelstein family and is administered by the Central Mesabi Medical Foundation (CMMF).

Scholarship Award:
One, $1,500 scholarship will be awarded. The recipient will be selected in the spring of 2020 and notified by letter by mid-July. Monies are awarded upon receipt of a 2020-2021 enrollment schedule.

Questions may be directed to Susan Degnan, Director, Central Mesabi Medical Foundation, at (218) 312-3034 or sdegnan2@range.fairview.org.

Eligibility Criteria:
Candidate must be pursuing an advanced / graduate professional health care degree from the fields listed above and meet the following criteria:

1. Motivated and committed to service for others.

2. First preference to those who graduated high school from or are permanent residents of our primary service area (specifically the Iron Range - Nashwauk, Keewatin, Hibbing, Chisholm, Buhl, Kinney, Cherry, Mt. Iron, etc.).

3. Intent to come back and practice on the central Iron Range.

4. Demonstrate a good academic record and progress in the career choice.

Application Process:
Applications shall be postmarked or received by May 1, 2020. Applications must include the following information:

*Completed signed application page
*Attached answers to questions
*One letter of recommendation
*One official transcript

Applications may be mailed to CMMF at 750 E. 34th St. Hibbing, MN 55746 or emailed to sdegnan2@range.fairview.org.
MAX and SARA EDELSTEIN
SCHOLARSHIP APPLICATION

Name: ___________________________________________ Phone: ____________________________

Address: ________________________________________________________________

City: __________________________________ State & Zip: ____________________________

E-mail address: _____________________________________________________________

Major field of study: ________________________________________________________

GPA: __________________

Undergraduate college or university: __________________________________________

Institute you are or will be attending: __________________________________________

Year in school next year (2020-2021): ________________________________________

Intended specialty: __________________________________________________________

High school graduated from: _________________________________________________

List other financial aid you are receiving for your education: __________________________

Applicant Signature: ___________________________ Date: __________________

Please respond to the following under separate cover:

1. Describe your career goals and aspirations.

2. Describe an experience that impacted your decision to pursue a professional health care career.

3. Financial need is not a requisite for the scholarship, but will be taken under consideration. Describe need for the grant.

4. Upon completion of your professional degree, what goals do you hope to accomplish in the next five years?

5. Describe your volunteer or community involvement.

6. Other activities/accomplishments/recognitions not mentioned in your application that you feel the scholarship committee should consider.

7. Are you interested in practicing your profession in the Central Iron Range area upon receiving your degree? Please explain your response.