



## The Bishop Afonya Healthcare Scholarship Application for the 2026-2027 Academic Year

### Funding Guidelines:

- Must either be enrolled or with an intention to enroll in a post-secondary program in a healthcare field for the **fall 2026** semester
- Applicants must be a resident of RiverView's service area within a 30-mile radius of Crookston.
- This scholarship will be available annually as long as sufficient funding is available.
- A stipend of up to \$1,000 will be awarded to each scholarship recipient. The check will be mailed directly to the institution of recipient's choice. Recipients will receive the stipend through the financial aid office of that institution. It is to be applied toward the cost of tuition or related educational expenses.
- Recipients may re-apply annually.
- Financial need may be considered in awarding the scholarship but is not an eligibility requirement.

### Application Procedure:

- An application form is available through Riverview Foundation Office and online at [www.riverviewhealth.org/foundation/scholarships](http://www.riverviewhealth.org/foundation/scholarships). You may call 281-9249, e-mail [rschoenborn@riverviewhealth.org](mailto:rschoenborn@riverviewhealth.org), or stop at the Foundation Office to obtain this form.
- To apply, please complete and include all the information requested on the form.
- Applicants must meet eligibility requirements and funding guidelines.
- Application cannot be altered in any way and if altered, it will not be considered to receive scholarship.
- Submit the completed application form, a copy of your current transcript, your resume and two (one-page) letters of recommendation **by Friday, April 17<sup>th</sup>, 2026**. **Please do not e-mail applications.** You will be contacted if more information is needed.

### Awarding of the Scholarship:

- A Scholarship Review Committee will review and evaluate scholarship applications.
- Successful candidates will be judged on personal attributes, aspirations, quality of character, as well as demonstrated commitment to his/her healthcare field of study.
- Applicants are encouraged to submit a well-managed and detailed application.
- Scholarship award check will be issued prior to the starting date of applicant's next school term. (Issue date to be arranged between Foundation Office and recipient.)

#### Mailing Address:

323 South Minnesota Street | Crookston, MN 56716



# RIVERVIEW FOUNDATION

*Invest in Healthcare, Close to Home*

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*Type or print neatly:*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Current GPA: \_\_\_\_\_ E-mail: \_\_\_\_\_

Post-Secondary or higher institution in which I am enrolled (or plan to enroll):

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Healthcare field(s) of study I plan to pursue: \_\_\_\_\_

Please contact me concerning future job opportunities at RiverView Health.

1) What life experiences or who has inspired you to seek healthcare education and career?

\*\*\*Please answer on a separate piece of paper

2) What is your career goal and how do you plan to make a meaningful difference?

\*\*\*Please answer on a separate piece of paper

Submit application form, a copy of your current grade's transcript, a resume and (2) short (one-page) letters of recommendation by **noon on April 17, 2026. Please do not e-mail applications.**

**Randy Schoenborn  
RiverView Foundation  
323 S Minnesota St  
Crookston, MN 56716**