

Ramona L. Mohs Health Careers Scholarship Application

The Ramona L. Mohs Health Careers Scholarship is gifted in honor of Ramona L. Mohs, a longtime member of Salem Lutheran Church and a professional Registered Nurse (RN) for over 20 years. Ramona affirmed her baptism at Salem Lutheran in Deerwood, Minnesota, in 1929 and graduated from Crosby-Ironton High School in 1934. She received her Registered Nurse license after completing her studies at Bethesda Hospital School of Nursing (St. Paul, MN) in 1938. She served as an RN at Bethesda Hospital, Miners Hospital (Crosby), St. Cloud Veterans Hospital, St. Cloud Hospital and St. Cloud Orthopedic Center during her fifty-plus years in the health careers field. Ramona had a strong lifetime conviction and commitment to caring for and serving others in both her private and professional life. She established this scholarship program to provide financial support to individuals who have a strong desire, as she did, to work in the broad field of human healthcare services.

Scholarship Eligibility and Selection Criteria

- An **active participant in the endeavors of Salem Lutheran Church**, with a strong faith-based value system.
- A **high school graduate of any age** in good academic standing, with a stated intention to pursue or continue a professional career in healthcare or professional ministry in the ELCA.

Required Application Materials

- **Completed application form** (this document).
- **Official transcript** of the most recent education (diploma, college or graduate school), including GPA.
- **Copy of acceptance letter** to accredited program of study in a human healthcare services profession.

All these materials must be received by **April 15**. Files that remain incomplete may not be reviewed.

Send materials to:

Salem Foundation, Inc., Salem Lutheran Church, 90 Riverside Drive SE, St. Cloud, MN 56304

Or email to: contact@salemstcloud.org

Selection and Award Process:

One scholarship may be awarded annually in the amount of \$500 by the Salem Foundation. Award ceremony and reception is May 17 at Salem Lutheran Church. The award payment will be sent directly to the scholarship recipient's educational institution during the first or next term of enrollment.

Complete the following.

_____	_____	_____		
First Name	MI	Last Name		
_____		_____	_____	_____
Permanent Address		City	State	Zip
_____		_____		
Email address		Phone Number (cell or land line)		
_____	_____	_____	_____	
High School	Graduation Date	Intended Post-Secondary Institution	Planned Enrollment Date	

I certify that, to the best of my knowledge, the information I provided in this application is true and accurate.

Signature

Date

Applicant Narrative

What human healthcare services profession do you intend to pursue through higher education? Why have you chosen this career field?

Describe your involvement with Salem Lutheran Church, the initiatives you take to “Make Jesus Known” in your daily life, and how you think your faith will guide you in your chosen field of human/healthcare services.

How would this scholarship benefit you financially as you pursue your education?