



Granite City Alumni Association  
3200 Maryville Rd.  
Granite City, IL 62040  
[www.granitecityalumni.org](http://www.granitecityalumni.org)  
[info@granitecityalumni.org](mailto:info@granitecityalumni.org)

## **Barbara Fifield Brandt Healthcare Professions Scholarship Application**

**Sponsorship:** This scholarship is made possible by the generous endowment of 1967 GCHS graduate and GCHS Wall of Fame honor recipient Barbara Fifield Brandt. Dr. Brandt is the Founding Director of the National Center for Interprofessional Practice and Education at the University of Minnesota. Dr. Brandt's areas of scholarly focus centers on how professionals learn in practice, reimagining academic-community partnerships, optimizing workforce development of teams, educational design of interprofessional practice and education, and knowledge generation using interprofessional informatics.

**Purpose:** To provide scholarship assistance for GCHS graduating students preparing for healthcare careers.

**Eligibility:** Students pursuing an education in healthcare fields including, but not limited to medicine, pre-med/biology, nursing, occupational, physical, or respiratory therapy, medical records, radiological or medical technology, exercise science, nurse practitioner or physician's assistant. Recipients must be accepted to and enrolled in an accredited school and be considered full time students in an appropriate major field related to their career interest before receiving the monetary portion of the award. Applicants may be provisionally awarded the scholarship.

**Amount:** Scholarship(s) will be awarded to a graduating GCHS student to the amount of \$2,500 per recipient.

**Requirements:**

1. A completed application and accompanying requirements received by Monday, April 17, 2023.
2. Completed essay questions attached as a separate page to this application.
3. Copy of official or unofficial GCHS student transcript.
4. Proof of acceptance as a full-time student into a college or university into a major field connected to their career interest. Reception of the monetary award will be contingent on this information being provided when available.

**Applications:** Completed applications must be received (not postmarked) by April 17, 2023. Applications can be scanned and/or emailed to [info@granitecityalumni.org](mailto:info@granitecityalumni.org) or mailed to:

Granite City Alumni Association  
Brandt Healthcare Professions Scholarship  
3200 Maryville Rd.  
Granite City, IL 62040

In person delivery of the application packet may be brought to GCHS room 243.

Please <b>print</b> or <b>type</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____
3.	Daytime Telephone Number: (     )     -     _____
4.	Email address: _____
5.	Have you been accepted to the college or university you plan to attend? Yes _____ No _____ Have you declared a major field of study yet? Yes _____ No _____ School you plan to attend this upcoming fall semester _____ What will be your major field of study/certificate you plan to pursue? _____
6.	Briefly discuss your educational and professional goals.
7.	Briefly discuss your extracurricular and volunteer activities.

8.	Briefly discuss any awards or honors you have received.
9.	Is there anything else you would like the selection committee to know about you that is not contained in your essay or in the answers to these questions?
10.	<p>Personal Essay: Please answer the question below separately and include with this application. Keep your response to roughly 500 words.</p> <p>Why have you chosen to pursue a career in healthcare? What about your particular field of career interest is appealing to you?</p>

Application Checklist: Have you...

- Completed this application to the best of your ability?
- Included an official or unofficial transcript of your grades and grade point average from Granite City High School?
- Included your essay response to Question 10?
- Provided proof of acceptance to your college or university and major field of study if you answered "Yes" to Question 5?

I hereby certify that all of the information contained in this application packet is true and correct to the best of my knowledge. I also acknowledge that receipt of this scholarship will be contingent upon being accepted to and enrolled in a school and major field of study related to a healthcare career.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_