



Scrubs Academy I Scholarship Sponsor Form

1. Facility/Organization: _____

2. Contact Information
Name: _____
Title: _____
Email: _____
Phone Number: _____

3. What amount of sponsorship will you be providing? (check all that apply)
 Full scholarships (\$275/attendee)
 Partial scholarships (\$100/attendee)
 Don't know at this time

4. Sponsorship amounts:
 Maximum number of students you will sponsor
 Full sponsorship (\$275 per student): _____
 Partial sponsorship (\$100 per student): _____
and/or
 Maximum dollar amount that you are sponsoring: \$ _____
**Note: This must be in \$100 or \$275 increments. (Example: if you provide \$375 and want to support 2 students, one will get a \$275 scholarship and one will get a \$100 scholarship). We cannot take a scholarship donation of a specific amount and divide it evenly amongst all of the students from your specified area until it happens to divide evenly into \$100 increments (ex. \$300 donation – 8 students accepted from your designated area, we can't take \$37.50 off of each students registration).*
or
 No maximum number, will sponsor all from my designated area
 Provide a general sponsorship for hosting the Academy in the amount of \$ _____.
These funds will be used for Academy expenses (housing, supplies, etc.)
 Don't know at this time

5. Do you want to sponsor attendees from:
 Your service area
 Anywhere in ND
 Anywhere in ND that has a student in financial need
 You will send the CRH the name(s) of the students that you are sponsoring (these students must have applied and been accepted to the Academy by the set deadlines)

6. If you selected "Your service area," please indicate the name of all towns from where you are willing to sponsor kids:

7. Payment method:
 Pay the CRH directly for the student's attendance (CRH will invoice you)
 Reimburse the attendee for their attendance

Thank you for your sponsorship that helps grow ND's healthcare workforce!