



Divine Home Care, Inc. & Divine Hospice
322 2nd Street SW | Willmar, MN 56201
Office: 320.231.9757 | Fax: 320.231.9795
divinehomecare.com

Divine Home Care & Hospice Scholarship

\$1,000 Scholarship Award

Dear Senior,

Congratulations! We are happy to be able to continue with our 'Divine Home Care & Hospice Scholarship'. This scholarship will be presented to one qualified graduating senior from your high school. To be considered for this award, you must meet the following criteria:

1. Pursue a degree in nursing
2. Graduate from high school with a 3.0 GPA or higher
3. Be passionate about caring for others in the healthcare field

Please complete the application & turn it into your Guidance Office. The Divine Home Care Scholarship Committee will then review your application & determine the recipient of the award. If you are chosen, you will be notified at your school's scholarship day/night. A check for \$1,000 will be sent to you or your school of choice for the spring semester, after you have met the following criteria:

1. Submitted fall semester transcript showing completion of 12 credits or more, to the Divine Home Care corporate office (submitted to DHC office by February 1, 2026)
2. Maintained a 3.0 GPA or higher in fall semester
3. Provide proof of enrollment for 12 credits or more for spring semester to the Divine Home Care corporate office (submitted to DHC office by February 1, 2026)

Please have transcript & enrollment paperwork into Divine Home Care corporate office no later than February 1, 2026. If you have any questions, feel free to contact Stephanie Swanson at 320-231-9757. Thank you for taking the time to complete the application, thoroughly & thoughtfully. Once again, congratulations on a successful high school career, & best wishes as you start college!

Sincerely,

Stephanie Swanson

Benson Office
Office: 320.843.9178
Fax: 320.843.9180
112 13th Street South
Benson, MN 56215

Litchfield Office
Office: 320.693.2580
Fax: 320.693.2581
201 Sibley Avenue South
Litchfield, MN 55355

Little Falls Office
Office: 320.632.2260
Fax: 320.632.4285
501 ½ East Broadway
Little Falls, MN 56345

Redwood Falls Office
Office: 507.637.2600
Fax: 507.637.9965
321 East Chestnut
Redwood Falls, MN 56283



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Divine Home Care Scholarship \$1,000 Nursing Scholarship Award

This scholarship will be given to a graduating senior, who will pursue a degree in nursing.

Name: _____ Phone: _____

Address: _____

Birth date: _____ GPA: _____

Parent/Guardian: _____

School you plan to attend: _____

Field of study: _____

Authorization for release of records

I authorize the release of academic records to the Divine Home Care Scholarship committee for review.

Signature of applicant _____

Signature of parent/guardian,
(if applicant is under 18) _____

Date: _____

Benson Office Office:
320.843.9178 Fax:
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320.632.4285 50 ½ East
Broadway Little Falls,
MN 56345

Redwood Falls Office Office:
507.637.2600 Fax:
507.637.9965
321 East Chestnut Redwood
Falls, MN 56283

Please answer the following two short answer questions and essay below (typed answers and essay is preferred, use additional sheet if necessary).

1- Have you done any volunteer work? If so tell us about the impact it has on you.

2- Tell us about extra-curricular activities you have been involved in, as well as any personal achievements and awards.

Please answer the following question, with a short essay

In your own words, tell us about why you have chosen nursing as your future career.