

SANDY RASMUSSEN ANNUAL SCHOLARSHIP

\$2,500 will be awarded each year to two applicants

Qualified applicants must be employed by Dove Healthcare and actively taking classes at an accredited technical college or four year university.

APPLY TODAY. Simply email the following to info@dovehealthcare.com by March 1.

- Proof of enrollment to an accredited technical college or four year university
- Completed application: Download the application at dovehealthcare.com/for_employees/
- 2 letters of reference (1 professional and 1 personal)
- Volunteer and service activities (Preference given to activities in the communities where Dove Healthcare is located.)
- A one page essay on why you should be considered for this scholarship

For more information: info@dovehealthcare.com | 715-930-6004

The second state of the second s



Sandy Rasmussen was a loyal and dedicated employee of Dove Healthcare – Rutledge Home for 51 years, retiring in December 2023. This impressive longevity only tells part of her story. Sandy's fun personality breathed life into everyone she met. She was always smiling, laughing, and putting the needs of residents first. Sandy served as a resident assistant, nutritional services aide, cook, certified nutritional services manager, and everything else you can imagine. She mowed the lawn, plowed the snow, planted the flowers, and painted the halls. There wasn't any job too big, too heavy, or too hard for Sandy. She didn't stop with taking care of our residents. Sandy devoted countless hours as an effective fundraiser for the Alzheimer's Association and the American Cancer Society. She raised thousands of dollars for those in need. This award was created in 2017 to express our sincere appreciation and to honor Sandy's compassion, energy, and commitment to making Dove Healthcare and the communities we serve a better place to live and work.



Sandy Rasmussen Annual Scholarship

Applicant Information				
Full Name:				Date:
	Last	Firs	t	M.I.
Address:				
	Street Address			Apartment/Unit #
	City			State ZIP Code
Phone:				Email
Are you enrolled in a technical college or four year university?		YES	NO □	Where and what is your program / major?
				Expected Graduation Month/Year:
Are you currently employed with Dove Healthcare?		YES		If yes, which location and what is your current position?
				How long have you been employed with Dove Healthcare? YearsMonths
Applicants r	nust submit the following to be	consider	ed for	the scholarship:
• Co	oof of enrollment in an accredite mpleted application etters of reference (1 profession			

- Volunteer and service activities (preference given to activities in the communities where Dove Healthcare is located)
- A one page essay on why you should be considered for this scholarship

This application and the above listed items must be submitted by <u>March 1</u> to be considered for the scholarship. An incomplete application or a late application will not be considered.

Please submit this application and the above listed materials to info@dovehealthcare.com or drop off / mail to:

Dove Healthcare Human Resources Office Attn: Sandy Rasmussen Scholarship 2815 County Hwy I Chippewa Falls, WI 54729

Applicant Signature

Signature:

Date: