



Professional & Workforce Training



Cambridge Campus Foundation
Non-Credit Healthcare Scholarship Application

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Course and Dates: _____

Criteria to receive the Non-Credit Healthcare Scholarship:

- Enroll in a non-credit healthcare course and maintain satisfactory progress
Reside in the Cambridge, MN area

Please answer the following questions to be considered for this scholarship:

Question 1: How will these scholarship funds positively impact your life?
Question 2: What are your next steps after completing this program, and how will you use what you've learned?

Return by email to: Foundation@anokaramsey.edu
Scholarship questions? Call 763-433-1130