

Dr. Murthy Medical Scholarship

Application Form – Sleepy Eye Seniors

Name: _____ School: _____

Home Address: _____

Phone: _____ Email: _____

Involvement in school and/or non-school related activities/groups, including volunteer activities:

College/Technical School planning to attend: _____

Program: _____

Directions:

1. Seniors from either St. Mary's High School or Sleepy Eye Public School who will be entering college/technical school next fall in a health-related area are eligible for this scholarship.
2. Complete the application.
3. Write an essay explaining the reasons you are interested in entering the medical field, your long-term goals, and why this scholarship would help you to obtain these goals. Attach essay to the application.
4. Please provide two letters of reference from people who know that your abilities and talents demonstrate you would be a good recipient of this scholarship.
5. Send this application, your essay and the two letters of reference to:

Mikayla Bruggeman
Sleepy Eye Medical Center
Attn: Dr. Murthy Medical Scholarship
400 4th Ave. NW
Sleepy Eye, MN 56085

Applications may also be emailed to: mbruggeman@semedicalcenter.org

All applications must be received in their entirety by March 27, 2026.

6. The applications will be reviewed by the scholarship committee. Two \$500 scholarships will be given out to students at St. Mary's School, and two \$500 scholarships will be given out to students at Sleepy Eye Public School. The winners will be announced in early May.
7. Scholarship funds will be disbursed upon proof of successful completion of the first semester at the college or technical school. If, for some reason, the recipient does not attend school, the scholarship will be withdrawn.