

Northwood Technical College
Student Information & Authorization Form
HealthPartners: Westfields Hospital & Clinic Medical Lab Technician Scholarship

Complete Sections 1 & 2 and return to Northwood Tech Student Services Office

SECTION 1

RECIPIENT INFORMATION

PLEASE PRINT NEATLY OR TYPE

READ INSTRUCTIONS CAREFULLY

Last Name	First Name	MI	Student ID
Permanent Address City	State	Zip	Date of Birth (month/date/year)
Home Area Code / Telephone #			Email Address
Program of Study	Are you admitted to the program? Y N		Targeted Graduation Date

SECTION 2

RECIPIENT CERTIFICATION AND AUTHORIZATION

READ CAREFULLY BEFORE SIGNING BELOW

I certify that the information provided on this HealthPartners: Westfields Hospital & Clinic Medical Lab Technician Scholarship Student Information and Authorization Form is true, complete, and correct to the best of my knowledge.

As a prospective student, I make the following authorizations if selected for sponsorship:

- I authorize Northwood Technical College and the HealthPartners to release information about my selection as a participant in the Westfields Hospital & Clinic Medical Lab Technician Scholarship Program.
- I authorize Northwood Technical College and HealthPartners to release my name and my hometown when announcing Westfields Hospital & Clinic Medical Lab Technician Scholarship recipients.
- I authorize Northwood Technical College to release any necessary information to HealthPartners in order for them to determine that I continue to maintain eligibility and qualify for the program including grades, program of study, and other pertinent information.
- I authorize HealthPartners to release information to Northwood Technical College regarding my attendance, performance, and other necessary information for the duration of this program.
- I understand that I may be required to sign more detailed release forms at Northwood Technical College and at HealthPartners to meet their specific policies.
- I understand that my financial aid package may be reduced if awarded this scholarship.

My signature certifies that I have read, understood, and agreed to the terms printed on this authorization form.

Recipient's Signature _____

Dated this _____ day of _____ 20_____

SECTION 3

COMPANY SPONSOR INFORMATION (For internal use only)

Company Name _____

Address _____

City, State, Zip Code _____

Area Code / Telephone # _____

Email Address _____

Notes: