

6. Have you ever applied for and received a Grant Regional Health Center Scholarship?
_____yes _____no If so, in what year?_____

7. References: You must attach 3 letters of recommendation from 3 people of your choice. You may have the letters sent separately but, make sure the letters arrive by the deadline.

Name: _____ Occupation: _____

8. Transcript: Please enclose or have sent a transcript of your high school grades (if you have recently been in high school). If you have been attending college, please send college transcripts.

9. Please state, on a separate sheet(s) of paper, why you chose the particular major that you did, what you intend on doing with your degree when you finish school, and how you think this scholarship will help you. (This section is an important part of your application.)

10. I hereby certify that I have read and fully accept the statement of requirements and conditions hereto attached and I do hereby agree and bind myself to all the terms and conditions therein set forth.

Applicant Signature

Date

APPLICATION DEADLINE: April 10 of each year
(Applications postmarked after April 11 will not be accepted)

Return to: Shirley Felder-Hansen
745 W. Elm St.
Lancaster, WI., 53813

*It is the responsibility of the applicant to make sure that all of the necessary requirements are met and that all paperwork is submitted by the deadline. Please feel free to call Shirley if you have had items sent separately to make sure that they are received (608-723-7068)