APPLICATION
Grant Regional Health Center Foundation
Health Career Scholarship

Mr. Mrs.
Ms. Miss_____ Date_____
Last First Middle

Present Address_____ City_____ State____ Zip_____
Permanent Address_____ City_____ State____ Zip_____
Birthdate_____ Home Phone_____ Work Phone_____

High School Attended:_____
Date of High School Graduation:_____
College currently enrolled in or plan to enroll in:_____
College you plan to graduate from:_____
Intended Major of Field of Study:_____
Intended Date of Graduation:_____

Extra-Curricular Activities: (honors, awards, offices held, employment, etc.) Attach extra sheet if necessary.

_____
_____
_____
_____

References: You must attach 3 letters of recommendations from 3 people of your choice. You may have the letters sent separately but you are responsible for the letters to arrive on or before the deadline.

Names: 1._____ Occupation: _____
2._____ _____
3._____ _____

Transcript—Please enclose or have sent a transcript of your High School/College grades.

Essay—Please state on a separate sheet(s) of paper why you chose to go into the healthcare field, what you intend to do once you have received your degree, and how you think this scholarship will help you achieve this goal.

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

_____
Applicant Signature

_____
Date

**It is the responsibility of the applicant to make sure all necessary requirements are met and that all paperwork is submitted by the deadline. If you have any questions, contact Sandy Leibfried at 723-3358.*

Return application to: Grant Regional Health Center Foundation
507 S. Monroe Street
Lancaster, WI 53813

APPLICATION DEADLINE IS APRIL 1, 2012