



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 graduated, 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 6, 2008