

**GRANT REGIONAL HEALTH CENTER AUXILIARY**  
**SCHOLARSHIP APPLICATION**

**SEEKING:**         \_\_\_ 4-Year Degree   \_\_\_ 1-2 Year Degree   \_\_\_ Nursing 4-Year Degree

1. **NAME:** \_\_\_\_\_ Date: \_\_\_\_\_  
             Last                         First                         Middle

2. **PERMANENT HOME ADDRESS:**             Phone Number \_\_\_\_\_  
   Cell Phone No. \_\_\_\_\_  
 \_\_\_\_\_  
 Street   City   State                         Zip

3. **HIGH SCHOOL INFORMATION:**  
 High School Attended \_\_\_\_\_  
 Date of High School Graduation \_\_\_\_\_

4. **COLLEGE INFORMATION:**  
 College Currently Enrolled In or Plan to Enroll In: \_\_\_\_\_  
 College You Plan on Graduating From \_\_\_\_\_  
 Intended Major or Field Of Study \_\_\_\_\_  
 Intended Date of Graduation \_\_\_\_\_  
 Number of credits intended for next semester \_\_\_\_\_

5. **EXTRA-CURRICULAR ACTIVITIES:** (honors, awards won, offices held, unusual travel, employment, etc.) Attach extra sheet if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### **Criteria: (Must meet A, B, or C)**

(A) An applicant must be a graduate of, or a candidate for graduation, of one of the following high schools:

\*Fennimore High School

\*Lancaster High School

\*Cassville High School

\*Potosi-Tennyson High School

\*River Ridge High School (West Grant/Bloomington)

\*Iowa-Grant High School

(B) A qualified employee of Grant Regional Health Center

(C) Or be an adult who lives in the Grant Regional Health Center service area who wishes to further their education in the health care field and meets the requirements.

### **APPLICATION DEADLINE: April 1 of each year**

(Applications postmarked after April 1st will not be accepted)

Return to: Grant Regional Health Center, Hospital Auxiliary, 507 S. Monroe, 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 Donna Brokopp at 608/723-2866.