



APPLICATION

Grant Regional Health Center Foundation Health Career Scholarship

Mr. Mrs.
Ms. Miss _____ Date _____

 Last First Middle
Address _____ City _____ State _____ Zip _____

Birthdate _____ Home Phone _____ Work Phone _____

High School Attended: _____

Date of High School Graduation: _____

Colleges currently enrolled in or plan to enroll in: _____

Intended Major of Field of Study: _____

Priority will be given to residents of Grant County, especially those in Cassville, Fennimore, Iowa-Grant, Lancaster, Potosi or River Ridge school districts.

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.

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

Transcript—Please **enclose** 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 at the same time by the deadline. If you have any questions, contact Foundation Director at 608/723-2143.*

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

APPLICATION DEADLINE IS APRIL 1st