

LAKE REGION HEALTHCARE AUXILIARY CAREER SCHOLARSHIP APPLICATION

This one time \$750 scholarship is to be a gift, not to be repaid, **and given to students who are pursuing a healthcare related career.** *A grade point average of 2.5 or above is required to apply.* The Scholarship Committee will award scholarships of \$750 based on need and academic ability. Scholarship recipients will be given their scholarship monies *once he/she has successfully completed one quarter or one semester of the course where at least 12 credits were taken at an accredited school.*

★ *No scholarships given for online courses unless required by the school you are registered in.*

★ **Previous winners are not eligible**

The following items must be enclosed **along with your application:**

- Two reference forms (completed by teachers, clergy or employers)
- High school and college transcripts

★ *Incomplete applications will not be considered.*

Mail completed application with above items by April 6, 2015 to:

Volunteer Coordinator/HR
712 Cascade St S
Fergus Falls, MN 56537
Phone: (218) 736-8472

To the Scholarship Committee:

I hereby apply for the above named scholarship.

Applicant Name _____
(First) (Middle) (Last)

Home Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ E-mail: _____

Date of Birth _____ Place of Birth _____

High School Attended _____
(Name) (Town or City)

Date of High School Graduation _____

College Attended _____ Dates _____

Name of Parent or Guardian (If you are a dependent) _____

Address _____

Anticipated year of graduation from college _____

Number of dependents in family (siblings or children) and ages: _____

If married, name & occupation of spouse: _____

Father's occupation/ Mother's Occupation (if you are a dependent)

What are your chief school or community activities? (youth groups, church, civic, etc.) (Also list offices and honors).

What work experiences have you had? _____

In which field of health careers are you interested? _____

Are you the recipient of any other scholarship awards? _____ . If so, what award? _____
_____ Amount \$ _____

For what year or years? _____

Are you a Lake Region Healthcare Employee or are you a dependent of a Lake Region Healthcare employee? _____

In 100 words or less list your career goals:

ATTACH HIGH SCHOOL TRANSCRIPTS AND COLLEGE TRANSCRIPTS
(of any courses completed)

Please indicate below the accredited school or schools where you have applied for entrance:

Have you been accepted by any school at this time ? _____

If so, which one ? _____

Names and telephone numbers of two references chosen from teacher, clergy or employers.

Instruct these persons to send the completed reference form by April 6, 2015 to:

Volunteer Coordinator/HR
712 Cascade St S
Fergus Falls, MN 56537
Phone: (218) 736-8472

I understand fully that in accepting this scholarship, I will be expected to complete 12 credits in a semester in the field I have chosen before receiving the scholarship monies. *If I do not complete my training, this scholarship will be considered a loan to be repaid to the Lake Region Healthcare Auxiliary.*

DATE _____ SIGNED BY: _____

PARENT OR GUARDIAN: _____

YOU WILL BE NOTIFIED BY APRIL 28, 2015 IF YOU HAVE BEEN AWARDED THIS SCHOLARSHIP.

Reminder – Have you included:

- Application
- Two reference forms (completed by teachers, clergy or employers)
- High school and college transcripts

**LAKE REGION HEALTHCARE AUXILIARY
SCHOLARSHIP FOR HEALTH CAREERS
REFERENCE FORM**

(Confidential Personality Record)

Personal characteristic of _____
(Name of Student)

	USUALLY	SOMETIMES	SELDOM	NOT OBSERVED
1) Industrious				
2) Cooperative				
3) Dependable				
4) Self-reliant				
5) Courteous				
6) Well-groomed				

Your additional comments are very valuable in the selection process.

COMMENTS:

Evaluation completed by _____
(Your name and occupation)

Please complete and return to student. They will need this to go with their application which must be turned in by April 6, 2015.

LAKE REGION HEALTHCARE AUXILIARY SCHOLARSHIP FOR HEALTH CAREERS REFERENCE FORM

(Confidential Personality Record)

Personal characteristic of _____
(Name of Student)

	USUALLY	SOMETIMES	SELDOM	NOT OBSERVED
1) Industrious				
2) Cooperative				
3) Dependable				
4) Self-reliant				
5) Courteous				
6) Well-groomed				

Your additional comments are very valuable in the selection process.

COMMENTS:

Evaluation completed by _____
(Your name and occupation)

Please complete and return to student. They will need this to go with their application which must be turned in by April 6, 2015.