LAKE REGION HEALTHCARE AUXILIARY CAREER SCHOLARSHIP APPLICATION

This one time \$1,000 scholarship is to be a gift, not to be repaid, and given to students who are pursuing a healthcare related career. <u>A grade point average of 2.5 or above is required to apply.</u> The Scholarship Committee will award scholarships of \$1,000 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.

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

The following items must be enclosed <u>along with your application</u>:

☐ Two <u>reference forms</u> (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 4, 2016 to:

Volunteer Coordinator/HR 712 Cascade St S Fergus Falls, MN 56537

Phone: (218) 736-8498

To the Scholarship Committee:

I hereby apply fo	r the above named sch	olarship.		
Applicant Name	(First)	(Middle)		(Last)
Home Address				
	(Street)	(City)	(State)	(Zip Code)
Telephone		E-mail:		
Date of Birth		Place of Birth		
High School Atte	ended			
(Name)			(Town or City)	
Date of High Sch	ool Graduation			
College Attended	l		Dates	
Name of Parent of	or Guardian (If you are a	dependent)		
Address				
Anticipated year	of graduation from col	llege		

^{*} Previous winners are not eligible

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 4, 2016 to:
Volunteer Coordinator/HR
712 Cascade St S Fergus Falls, MN 56537
Phone: (218) 736-8498
1 Holle. (210) 750 0150
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. <i>If I do not complete my training, this scholarship will be considered a loan to be repaid to the Lake Region Healthcare Auxiliary.</i>
DATE SIGNED BY:
PARENT OR GUARDIAN:
YOU WILL BE NOTIFIED BY APRIL 26, 2016 IF YOU HAVE BEEN AWARDED THIS SCHOLARSHIP.
Reminder – Have you included:
Application Two reference forms (completed by teachers, clergy or ampleyors)
 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) NOT **USUALLY SOMETIMES SELDOM OBSERVED Industrious** 1) 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

Please complete and return to student. They will need this to go with their application which must be turned in by April 4, 2016.

(Your name and occupation)

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