

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

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 26, 2016 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 4, 2016.

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 4, 2016.