

## LAKE REGION HEALTHCARE AUXILIARY CAREER SCHOLARSHIP APPLICATION

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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 4, 2014 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:

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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.

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**Instruct these persons to send the completed reference form by April 4, 2014 to:**

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712 Cascade St S  
Fergus Falls, MN 56537  
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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 21, 2014 IF YOU HAVE BEEN AWARDED THIS SCHOLARSHIP.**

**Reminder – Have you included:**

- Application
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# 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) <b>Industrious</b>				
2) <b>Cooperative</b>				
3) <b>Dependable</b>				
4) <b>Self-reliant</b>				
5) <b>Courteous</b>				
6) <b>Well-groomed</b>				

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, 2014.*

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