



2023 APPLICATION

Grant Regional Health Center Foundation Healthcare Career Scholarship

Name _____ Date _____

Last

First

Middle

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home Phone _____ Cell Phone _____

Email _____

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 in the school districts of Cassville, Fennimore, Iowa-Grant, Lancaster, Potosi or River Ridge or children of GRHC employees residing outside of our service area.

Extra-Curricular Activities: (honors, awards, offices held, employment, etc.) **Attach** extra sheet if necessary.

References: You must **attach** 3 letters of recommendation. **Only 1** may be from your school. Other examples could include clergy, youth leaders, current employer, etc.) We feel this keeps applications more diverse.

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. Your essay is important, please take considerable time crafting this piece. It should be a reflection of you, your goals, and why you feel that you should receive the scholarship. We're also highly interested in students wishing to return to Grant Regional Health Center's workforce.

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. Late applications will not be accepted. **If you are not selected as a recipient this year, you will receive a letter indicating this. However, you are still eligible to apply again in upcoming years as long as you are continuing your education.**

Return application to: Grant Regional Health Center Foundation
Brandi Riechers, Foundation Director
507 S. Monroe Street
Lancaster, WI 53813 – (608) 723-3358 – foundation@grantregional.com

APPLICATION DEADLINE IS APRIL 1st – AWARDS WILL BE ANNOUNCED IN MAY!