



2023 APPLICATION

Grant Regional Health Center Foundation Brokopp Family Healthcare 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, children of GRHC employees residing outside our service area, **AND** attending UW-Platteville, UW-Madison, or Southwest Technical College with an interest in returning to Grant Regional Health Center’s workforce after completion of their education. Individuals who previously received the Brokopp Family scholarship are eligible to apply again as long as they are continuing their education. This scholarship is separate from the GRHC Foundation Scholarship and the GRHC Auxiliary Scholarship.

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 or 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 if you are continuing your education.**

Return application to: Grant Regional Health Center Foundation
 Brandi Riechers, Foundation Director
 507 S. Monroe Street
 Lancaster, WI 53813

APPLICATION DEADLINE IS APRIL 1ST