

2022 APPLICATION Grant Regional Health Center Foundation Brokopp Family Healthcare Scholarship

Name						Date	
	Last	First		Middle			
Address			City		State	Zip	
Birthdat	thdate Ho		Home P	hone	Cell	Cell Phone	
High Scł	nool Attended:						
Date of	High School Gradu	uation:					
Colleges	currently enrolle	d in or plan to enr	oll in:				
Intende	d Major of Field o	f Study:					
interest who pre	to return to the G eviously received a	-	ilth Center se n scholarship	rvice area after c are not eligible to	ompletion of or a s		
include	clergy, youth lead	ach 3 letters of red ers, current emplo	oyer, etc.) We	e feel this keeps a	pplications m	hool. Other examples could ore diverse.	
	2						
	3						
Transcri	ipt—Please enclos	se a transcript of y	our High Sch	ool or College gra	ides.		
Essay—	to do once you h goal. Your essay	ave received your	degree, and se take consid	how you think th derable time craft	is scholarship ting this piece	ncare field, what you intend will help you achieve this . It should be a reflection of	
		re read and fully a d bind myself to a				onditions hereto attached n.	
				Applicant Signa	ture		
						et and that all paperwork is will receive a letter	
	ng this. However,	-	-			are continuing your	

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