



**2023 APPLICATION**  
**Stacy & Greg Martin Scholarship**  
**Grant Regional Health Center Foundation**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

1. Are you a current employee of GRHC? YES or NO
2. If parent is an employee, please list name: \_\_\_\_\_
3. Intended Major or Field of Study: \_\_\_\_\_
4. Name of College: \_\_\_\_\_

**Attachments:**

**Essay:** Please share with us the reason you selected this field of study and what your professional goals include. Please list future goals as well as present ambitions. This essay is a reflection of you, your goals and why you feel you should be chosen to receive a scholarship. Please take your time crafting the essay. This can be attached to the application form.

**Transcripts:** Please attach a copy of your high school or college grades, including extra-curricular activities.

**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. If you have any questions, please contact Brandi Riechers, Foundation Director.*

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

**APPLICATION DEADLINE IS APRIL 1<sup>st</sup> – AWARDS ARE ANNOUNCED IN MAY**