

2022 APPLICATION Grant Regional Health Center Foundation Health Career Scholarship

Name						Date	
	Last	First		Middle			
Address			City		State	Zip	
Birthdate	hdate H		Home Pho	Home Phone		Cell Phone	
High Sch	ool Attended:						
		uation:					
Colleges	currently enrolle	ed in or plan to enro	oll in:				
Intended	d Major of Field o	of Study:					
Extra-Cu	ırricular Activitie	s : (honors, awards,	offices held, en	າployment, etc.) Attach ext	ra sheet if necessary.	
include o	lergy, youth lead	lers, current emplo	yer, etc.) We fe	el this keeps ap	plications m		
Names:				cupation:			
	3						
Transcri	pt—Please enclo	se a transcript of yo	our High School	'College grades	•		
Essay—F						hcare field, what you intend will help you achieve this	

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.

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. If you are not selected as a recipient, you will receive a letter indicating this. However, you are still eligible to apply the following year as long as you are continuing your education.

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

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