



APPLICATION
Stacy & Greg Martin Scholarship
Grant Regional Health Center Foundation

Applicant's Last Name _____ First Name _____ Middle Initial _____

Address: _____

Phone #: _____

1. Please list parent's name: _____

2. Intended Major or Field of Study: _____

3. 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, contact Foundation Coordinator 608/723-3358.*

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

APPLICATION DEADLINE IS APRIL 1st