

2024 APPLICATION

Grant Regional Health Center Foundation Healthcare Career Scholarship

Name				Date
Last	First	Middle		
Address		_City	State	Zip
Birthdate		Home Phone	Cell I	Phone
Email				
High School Atten	ded:			
Date of High Scho	ol Graduation:			
Colleges currently	enrolled in or plan to enrol	l in:		
Intended Major of	f Field of Study:			
Extra-Curricular A	ctivities: (honors, awards, c	offices held, employment, e mmendation. Only 1 may b	etc.) Attach extr	nool. Other examples could
	uth leaders, current employ			
iranscript—Pleas	e enclose a transcript of you	ur High School/College grac	ies.	
to do ond goal. You you, you students	te on a separate sheet(s) of ce you have received your do r essay is important, please r goals, and why you feel tha wishing to return to Grant F	egree, and how you think t take considerable time cra at you should receive the so Regional Health Center's w	his scholarship v fting this piece. cholarship. We'i orkforce.	will help you achieve this It should be a reflection of re also highly interested in
	at I have read and fully acc gree and bind myself to all t	-		
		Applicant Sign	ature	
		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 as long as you are continuing your education.

Return application to: Grant Regional Health Center Foundation

Brandi Riechers, Foundation Director

507 S. Monroe Street

Lancaster, WI 53813 – (608) 723-3358 – foundation@grantregional.com