

**LAKE REGION HEALTHCARE
Friends of Lake Region Healthcare
CAREER SCHOLARSHIP APPLICATION**

This one-time \$1,000 scholarship is to be a gift, not to be repaid, **and given to students who are pursuing a healthcare related career.** A grade point average of 2.5 or above is required to apply. The Scholarship Committee will award scholarships of \$1,000 based on need and academic ability. Scholarship recipients will be given their scholarship monies once he/she has successfully completed one quarter or one semester of the course where at least 12 credits were taken at an accredited school.

★ *No scholarships given for online courses unless required by the school you are registered in.*

★ **Previous winners are not eligible**

The following items must be enclosed **along with your application:**

- Two reference forms (completed by teachers, clergy or employers)
- High school and college transcripts

★ ***Incomplete applications will not be considered.***

Mail completed application with above items by May 13, 2022 to:

Volunteer Coordinator/Marketing
712 Cascade St S
Fergus Falls, MN 56537
Phone: (218) 736-8498

To the Scholarship Committee:

I hereby apply for the above named scholarship.

Applicant Name _____
 First Middle Last

Home Address _____
 Street City State Zip

Telephone _____ E-mail _____

Date of Birth _____ Place of Birth _____

High School Attended _____
 Name Town or City

Date of High School Graduation _____

College Attended _____ Dates _____

Name of Parent or Guardian (If you are a dependent) _____

Address _____
 Street City State Zip

Anticipated year of graduation from college: _____

Number of dependents in family (siblings or children) and ages: _____

If married, name & occupation of spouse: _____

Father's occupation/ Mother's Occupation (if you are a dependent): _____

What are your chief school or community activities? (youth groups, church, civic, etc.) (Also list offices and honors).

What work experiences have you had? _____

In which field of health careers are you interested? _____

Are you the recipient of any other scholarship awards? _____

If so, what award? _____ Amount \$ _____

For what year or years? _____

Are you a Lake Region Healthcare Employee or are you a dependent of a Lake Region Healthcare employee? _____

In 100 words or less list your career goals:

ATTACH HIGH SCHOOL TRANSCRIPTS AND COLLEGE TRANSCRIPTS

(of any courses completed)

Please indicate below the accredited school or schools where you have applied for entrance:

Have you been accepted by any school at this time? _____

If so, which one? _____

Names and telephone numbers of two references chosen from teacher, clergy or employers.

1. _____

2. _____

Instruct these persons to send the completed reference form by May 13, 2022 to:

Volunteer Coordinator/Marketing
712 Cascade St S
Fergus Falls, MN 56537

I understand fully that in accepting this scholarship, I will be expected to complete 12 credits in a semester in the field I have chosen **before** receiving the scholarship monies. *If I do not complete my training, this scholarship will be considered a loan to be repaid to the Friends of Lake Region Healthcare.*

DATE _____ SIGNED BY _____

PARENT OR GUARDIAN: _____

YOU WILL BE NOTIFIED BY JUNE 10, 2022 IF YOU HAVE BEEN AWARDED THIS SCHOLARSHIP.

Reminder – Have you included:

- Application
- Two reference forms (completed by teachers, clergy or employers)
- High school and college transcripts

FRIENDS OF LAKE REGION HEALTHCARE SCHOLARSHIP FOR HEALTH CAREERS REFERENCE FORM

Confidential Personality Record

Personal characteristic of: _____
Name of Student

	USUALLY	SOMETIMES	SELDOM	NOT OBSERVED
1) Industrious				
2) Cooperative				
3) Dependable				
4) Self-reliant				
5) Courteous				
6) Well-groomed				

Your additional comments are very valuable in the selection process.

COMMENTS:

Evaluation completed by: _____
Name Occupation

Please complete and return to student. They will need this to go with their application which must be turned in by May 13, 2022.

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