Grant Regional Health Center Foundation

HEALTH CAREER SCHOLARSHIP
Terms & Conditions

Grant Regional Health Center Foundation, Lancaster, Wisconsin, will award two $1,000 healthcare scholarships to successful applicants in 2016.

Eligibility to apply: Those eligible to apply include individuals beginning or continuing their enrollment in a healthcare program at a fully accredited two- or four-year college between late May and Fall of 2016.

Priority will be given to residents of Grant County, especially those in Cassville, Fennimore, Iowa-Grant, Lancaster, Potosi or River Ridge school districts. Individuals who previously received a GRHC Foundation scholarship are not eligible to apply for a second time.

A selection committee will evaluate applicants for the two - $1,000 scholarships based on their ♦ intent to pursue a career in the healthcare profession;
♦ academic achievement (grades and class standing);
♦ involvement in school and/or community activities;
♦ commitment to their chosen field;
♦ demonstrated integrity and work ethic.

Deadlines:
Applications are due on or before
Awards will be announced by
April 1, 2016
May 10, 2016

Upon award of scholarship:
The applicants selected to receive a scholarship in 2016 will sign an agreement with GRHC Foundation outlining the conditions for release of funds. Payment will be made after the committee receives verification that the student has successfully completed one semester of the course/program. The recipient is responsible for obtaining this verification.

For more information or to submit an application, contact:
Sandy Leibfried, Foundation Director
Grant Regional Health Center Foundation
507 South Monroe Street
Lancaster, WI 53813
(608) 723-3358
foundation@grantregional.com
APPLICATION
Grant Regional Health Center Foundation
Health Career Scholarship

Mr. Mrs.
Ms. Miss_ Last_ First_ Middle_ Date_
Address_ City_ State_ Zip_
Birthdate_ Home Phone_ Work Phone_

High School Attended: ____________________________________________________________
Date of High School Graduation: _________________________________________________
College currently enrolled in or plan to enroll in: __________________________________________
Intended Major of Field of Study: _______________________________________________________

Priority will be given to residents of Grant County, especially those in Cassville, Fennimore, Iowa-Grant, Lancaster, Potosi or River Ridge school districts.

Extra-Curricular Activities: (honors, awards, offices held, employment, etc.) Attach extra sheet if necessary.

References: You must attach 3 letters of recommendations from 3 people of your choice.
Names: 1. __________________________ Occupation: __________________________
2. __________________________
3. __________________________

Transcript—Please enclose a transcript of your High School/College grades.

Essay—Please state on a separate sheet(s) of paper why you chose to go into the healthcare field, what you intend to do once you have received your degree, and how you think this scholarship will help you achieve this goal.

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 have any questions, contact Sandy Leibfried at 723-3358.

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

APPLICATION DEADLINE IS APRIL 1, 2016