



Lakes Regional Healthcare Foundation Scholarship Endowment Fund College Student Application

The Lakes Regional Healthcare Foundation (LRHF) is pleased to offer educational assistance through the LRHF Scholarship Endowment Fund. Under the program, a minimum of two (2) \$1000 scholarships will be awarded to college undergraduate students or in an advanced degree program pursuing further education in health careers. Applicants must be residents of Dickinson County.

Program Guidelines & Priorities:

Undergraduate student- \$1,000 Scholarship max, minimum of two (2) scholarships per year

- Current college student on an undergraduate program OR in an advanced degree program pursuing a health care field (ie: Radiology Technician, Surgical Technician, Paramedic)
- Have an average GPA of 3.0 or above
- Maintaining a course load of 12 credits or more
- Pursuing a degree in the health care field. Those already enrolled in or attending medical school are not qualified to apply.

Scholarship funds will be paid during the month of **August 2024—directly to the college**, not the student. The scholarship funds will be issued to the college or university upon receiving a confirmation of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

Applications must be received by the LRHF no later than **April 12, 2024, at 12:00 noon**. Late applications will not be accepted.

Mail one copy of a completed and typed application package to:

<p style="text-align: center;">Lakes Regional Healthcare Foundation c/o Sonja Hamm P.O. Box AB Spirit Lake, IA 51360 Email is acceptable in pdf form to sonja.hamm@lakeshealth.org</p>

The applications will be reviewed and recipients selected by the LRHF Board. The scholarships will be awarded **in May 2024**.

Applications available from the Lakes Regional Healthcare website: www.lakeshealth.org

Please submit any questions to: sonja.hamm@lakeshealth.org

SCHOLARSHIP APPLICATION 2024

Please type your answers. <i>Use an additional piece of paper if necessary</i>			
1.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;">Last Name:</td> <td style="padding: 5px;">First Name, Middle Initial:</td> </tr> </table>	Last Name:	First Name, Middle Initial:
Last Name:	First Name, Middle Initial:		
2.	Mailing Address Street: City: State: Zip:		
3.	Daytime telephone number: () Personal Email address:		
4.	Date of birth: Month Day Year		
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) <ul style="list-style-type: none"> • Submit a copy of official transcript with the application 		
6.	Name and location of high school: Name and location of college:		
7.	A. List any academic honors, awards and membership activities while in college: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities:		
8.	Field of study:		
9.	Please list any other scholarships applied for and any awarded:		

10.	<p>On a separate attachment, please write an essay (one page maximum) addressing the following:</p> <p>Describe how you became interested in pursuing a health care field. Discuss any volunteering or job shadowing experience that has assisted you in choosing this field; and why was it impactful? Have you experienced any challenges in your course of study so far? Describe your process for overcoming this challenge and what did you learn from the experience. Why is this financial assistance valuable to you? Where do you hope to start your career?</p>
11.	<p>One (1) letter of recommendation from your school advisor, an instructor, mentor, or a leader within a volunteer organization you serve or have served.</p>

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Lakes Regional Healthcare Foundation Scholarship Endowment Fund. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, it is my responsibility to submit to the LRHF, no later than July 31, 2024, a verification of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Checklist:

- ___ Application - typed
- ___ Official transcript validating GPA
- ___ Essay on separate sheet of paper – one page maximum
- ___ One letter of recommendation

REMINDER:

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MAIL COMPLETED APPLICATION PACKAGE TO LRHF:

Lakes Regional Healthcare Foundation
c/o Sonja Hamm
P.O. Box AB
Spirit Lake, IA 51360
Email is acceptable in pdf form to sonja.hamm@lakeshealth.org