

## Lakes Regional Healthcare Foundation Scholarship Endowment Fund High School 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 four (4) \$500 scholarships will be awarded to high school seniors in Dickinson County (Graettinger-Terril, Lake Park, Okoboji, Spirit Lake) pursuing further education in health careers. There will be up to one scholarship awarded per school for quality applicants.

### Program Guidelines & Priorities:

- Attending a High School in Dickinson County
- In their senior year of high school
- Have an average GPA of 3.0 or above
- Pursuing advanced education in health careers

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:

**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](mailto:sonja.hamm@lakeshealth.org)**

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](http://www.lakeshealth.org)

Please submit any questions to: [sonja.hamm@lakeshealth.org](mailto:sonja.hamm@lakeshealth.org)

## SCHOLARSHIP APPLICATION 2024

Please <b>type</b> your answers. <i>Use an additional piece of paper if necessary</i>		
1.	Last Name:	First Name, Middle Initial:
2.	Mailing Address Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>	
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)  High School Counselor or Principal signature of verification: _____	
6.	Name and location of high school:	
7.	A. List any academic honors, awards, and membership activities while in high school:          B. List your hobbies, outside interests, extracurricular activities and school and non-school related volunteer activities:	
8.	A. If you have decided on the college you will attend, please list the school's name:	
9.	Anticipated field of study:	

10.	Please list any other scholarships applied for and any awarded:
11.	On a separate attachment, please write an essay (one page maximum) addressing the following: <ul data-bbox="354 947 1414 1125" style="list-style-type: none"><li>• 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?</li><li>• Why is this financial assistance valuable to you?</li><li>• What sets you apart from other students that are applying for this scholarship?</li></ul>
12.	One (1) letter of recommendation from the school counselor, an instructor, or a leader within a volunteer organization you serve or have served.

**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, I will be present at my high school's May 2024 awards ceremony and/or reception to receive my scholarship award.

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:** \_\_\_\_\_

**Signature of parent/legal guardian if applicant is under the age of eighteen (18) years:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of parent/legal guardian:** \_\_\_\_\_

**Checklist:**

- \_\_\_ Application
- \_\_\_ High School Counselor or Principal signature validating GPA
- \_\_\_ Essay on separate sheet of paper – one page maximum
- \_\_\_ One letter of recommendation

**REMINDER:**

**Applications must be received by LRHF no later than April 1, 2024, at 12:00 noon.**

**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](mailto:sonja.hamm@lakeshealth.org)