

## **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, up to 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 2019—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 1, 2019 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, 2019**.

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)





**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 2019 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, 2019, 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:**

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