

**GUIDELINES FOR THE  
LINTON REGIONAL MEDICAL CENTER FOUNDATION  
SCHOLARSHIP PROGRAM  
HIGH SCHOOL LEVEL**

**Eligibility**

Applicant must be enrolled in a course of study leading to a certificate, diploma, license, associate or bachelor's degree at an accredited college or university, or a vocational-technical school.

**Awards**

The award will consist of scholarship funds worth \$500.00 and must be used for tuition, required fees, and books.

**Payment of Awards**

Checks will be mailed to the recipient's permanent home address and are made payable to the student.

**Required Forms**

1. Scholarship application form
2. Transcripts verifying GPA
3. Two references from non-relatives

**Questions**

Questions regarding the LRMCF scholarship program may be directed to:

Jessica Jacob    or    Denise van Leeuwan  
701-254-3175        701-254-3133

Linton Regional Medical Center Foundation  
PO Box 850  
Linton, ND 58552

**Return the required forms by APRIL 1 to:**

Scholarship Selection Committee  
Linton Regional Medical Center Foundation  
PO Box 850  
Linton, ND 58552

**LINTON REGIONAL MEDICAL CENTER FOUNDATION  
SCHOLARSHIP PROGRAM APPLICATION FORM  
HIGH SCHOOL LEVEL  
Application Postmark Deadline April 1**

Only original applications are acceptable. Copies will be disqualified. Applications are evaluated on the information supplied. Therefore, it is important to answer EVERY question.

**Applicant Data**

Full Name:		E-mail Address:	
Permanent Street Address:			
City:		State:	Zip:
Home Phone: ( )		Message Phone: ( )	
Highest Level of Education <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> GED <input type="checkbox"/> Other _____			

**Educational Plans (Do not abbreviate school names. Accredited schools only.)**

School Name:		Phone: ( )	
Address:		City:	State:
Type of School (Check one): <input type="checkbox"/> Two-Year Junior or Community College <input type="checkbox"/> Hospital School <input type="checkbox"/> Four-Year College or University <input type="checkbox"/> Vocational/Technical School <input type="checkbox"/> Accredited State Health Care Board Program			
Type of Program: <input type="checkbox"/> Medical <input type="checkbox"/> Education <input type="checkbox"/> Technology <input type="checkbox"/> Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Animal Science <input type="checkbox"/> Other _____			
Enrollment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time    Number of Credit Hours _____			
Expected Graduation Date: (Month / Year) _____			

**Work Experience (if applicable)**

Describe your work experience during the past ten years. Indicate dates of employment in each job and approximate number of hours worked each week. Attach a separate sheet of paper if necessary.

Company Name and Address	Position	Worked From – To Month and Year	Hours per Week

**References**

Please provide two letters of reference.

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**Goals and Aspirations (attach a separate sheet of paper if necessary)**

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1. Explain why you believe you should be considered for this award and note any special circumstances that should be taken into consideration by the Committee.

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2. Describe your future goals.

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3. List any community service/volunteer work you have done.

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4. List any honors/awards you have received or any extracurricular activities you have been involved in.

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5. List any leadership roles or organizations you have been involved in.

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**Transcript**

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Every Applicant must submit a complete official transcript of high school and/or college grades. On-line transcripts are not acceptable. Failure to provide transcript will disqualify applicant.

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**Certification**

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I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in the scholarship becoming immediately due and payable to Linton Regional Medical Center Foundation. This application becomes the property of Linton Regional Medical Center Foundation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Linton Regional Medical Center Foundation awards scholarships without regard to race, religion, creed, age, sex or national origin. The Linton Regional Medical Center Foundation is an equal opportunity and grantor.

Application and transcript must be mailed to: Scholarship Program, Linton Regional Medical Center Foundation, PO Box 850, Linton ND 58552 by the April 1 postmark deadline.