

**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, or books.

**Payment of Awards**

The recipient is required to complete one semester at their enrolled college, university or vocational-technical school and forward the transcripts verifying the GPA to the LRMCF. Checks will be sent to the recipient's college, university or vocational-technical school after the transcripts are received.

**Recipient Requirements**

The recipients will be required to submit a picture of themselves holding their certificates. These pictures will be used for the LRMCF Giving Hearts Day campaign to raise funds for future scholarships.

**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

Each scholarship recipient will receive this form when the scholarship is awarded at their high school graduation. This form is to be completed after the first semester of college. The student will then have the \$500 check sent to their college.

**LINTON REGIONAL MEDICAL CENTER FOUNDATION  
SCHOLARSHIP PROGRAM  
HIGH SCHOOL LEVEL**

**Name of scholarship recipient:** \_\_\_\_\_

**Name and address of College, University or Vocational-Technical College attending:**

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**Required Form**

Transcripts verifying GPA from completed first semester.

**Return the required forms to:**

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

**Submit Photo to:**

foundation@lintonhospital.org

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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.