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:
Required Form
Transcripts verifying GPA from completed first semester.
Return the required forms to:
Scholarship Selection Committee

Submit Photo to:

Linton, ND 58552

PO Box 850

foundation@lintonhospital.org

Questions

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

Linton Regional Medical Center Foundation

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 Addı	E-mail Address:			
Permanent Street Address:					
City:	State:		Zip:		
Home Phone: ()	Message Phone: ()				
Highest Level of Education ☐ Hig	h School Diploma	☐ Associate Deg	ree Bac	helor's Degree	
\Box GE	D	□ Other			
Educational Plans (Do not abbr	eviate school nan	nes. Accredite	d schools	only.)	
School Name:		Phone: ()			
Address:		City:		State:	
☐ Medical ☐ Education ☐ Business ☐ Animal Scien Enrollment: ☐ Full-time Expected Graduation Date: (Month	ce Other Part-time Nu		Hours		
Work Experience (if applicable)					
Describe your work experience during approximate number of hours worke	ng the past ten years				ob and
Company Name and Address	Positi	on		From – To and Year	Hours per Week
	I	<u>I</u>			ı.

Please provide two letters of reference.

G	oals and Aspirations (attach a separate sheet of paper if necessary)
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.
2.	Describe your future goals.
3.	List any community service/volunteer work you have done.
4.	List any honors/awards you have received or any extracurricular activities you have been involved in.
5.	List any leadership roles or organizations you have been involved in.
Tı	ranscript
	very Applicant must submit a complete official transcript of high school and/or college grades. On-line inscripts are not acceptable. Failure to provide transcript will disqualify applicant.
C	ertification
in	pertify that the information provided is complete and accurate to the best of my knowledge. Falsification of formation 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.
A	
Αĵ	oplicant's Signature: Date:
	ne Linton Regional Medical Center Foundation awards scholarships without regard to race, religion, creed, e, sex or national origin. The Linton Regional Medical Center Foundation is an equal opportunity and

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.

grantor.