



life matters here.

Luther Memorial Home

2018 Health Care Career Scholarship Application

Applications for the 2018 scholarships are due to Luther Memorial Home by
April 16, 2018. Scholarship recipients will be notified by May 21, 2018.

Please Print

Name _____
Last Name First Name Initial

Permanent address

Street City State Zip

Home phone number _____ Cell phone number _____

Parent or guardian **(required if minor)**

Name _____

Address _____
Street City State Zip

Applicant Signature

Parent Signature (if minor)

Date

For office use only
Scholarship received (Date) _____
Copy of official transcript received _____
Personal statement received: _____

Date of birth: _____

High school graduated from/ presently attending: _____

High school graduation date: _____

Formal name of college you attend or plan to attend: _____

Address of college

Phone number of college: _____

Planned area of study: _____

Have you made an application for admission to this school? _____

Have you been accepted for admission or when did you start school? _____

List financial aid programs you have applied for:

List any employment experiences:

Employer	Dates of employment	Position	Hours per week
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List paid and unpaid experiences that demonstrate your interest and commitment to a health care career.

High school extracurricular activities.

Church, community service and civic activities:

Which church do you attend? _____

Honors and achievements.

Please list three references (teachers, counselors, employers – please do not include relatives)

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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In a personal statement please explain:

1) Why you are planning a career in health care?

2) What are your professional goals?

Use additional paper....maximum of one 8 ½ x 11 page

Required attachments:

1) Official copy of grade transcript from the school you are currently attending

2) Personal Statement