

# life matters here.

## Luther Memorial Home 2017 Health Care Career Scholarship Application

Applications for the 2017 scholarships are due to Luther Memorial Home by April 13th, 2017. Scholarship recipients will be notified by May 17th, 2017.

### 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)			
r arent Signature (ii iiiiitor)			
Date			
Scholar	For office use only ship received (Date) al transcript received		
Personal st	tatement received:	. <del>_</del>	
Date of birth:			
High school graduated from/pr	resently attending:		
High school graduation date: _			
Formal name of college you atte	end or plan to attend:		

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