

# **Class of 2019**

## **Scholarship Application**

### **Logansport Memorial Hospital Foundation**

Only those students entering a health care/medical field need to apply (i.e. doctors, nurses, radiologists, etc)

**Deadline to Apply: APRIL 1, 2019**

### **WHAT DO I NEED TO INCLUDE????**

**OFFICIAL TRANSCRIPT? YES**

**LETTER OF RECOMMENDATIONS? YES, 3**

**SIGNATURE OF GUIDANCE COUNSELOR? YES**

**COLLEGE LETTER OF ACCEPTANCE? YES**

**PHOTO? YES**

### **WHERE TO RETURN COMPLETED APPLICATION?**

**LOGANSPORT MEMORIAL HOSPITAL FOUNDATION**

**1101 Michigan Avenue or PO Box 7013 Logansport, IN 46947**

**Phone: 574-753-1595**



**COMMUNITY EDUCATION SCHOLARSHIP APPLICATION  
(HEALTHCARE ONLY)  
LOGANSPORT MEMORIAL HOSPITAL FOUNDATION**  
1101 Michigan Ave. | P.O. Box 7013 | Logansport IN 46947  
574-753-1595

1. The candidate must fill out application completely.
2. Signature of guidance counselor is **required** where indicated.
3. Only those students entering a **health care/medical field** need apply (i.e. doctors, nurses, radiologists, etc).
4. A copy of your most recent High School transcript **must be included** with application.
5. A copy of your college letter of acceptance/student ID number **must be included** with application.
6. Include with this application, **three (3)** letters of reference from individuals, other than parents or relatives who have known you for at least four (4) years. **At least one reference letter MUST be from an individual outside of the school, or school related activities.**
7. Please include a wallet photo for our records.
8. Incomplete applications will be **disqualified!**
9. Scholarship applications and requested information must be received at the Logansport Memorial Hospital Foundation no later than **April 1, 2019** to be considered.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

High School (presently attending): \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ # of students in graduating class \_\_\_\_\_

SAT: Reading \_\_\_\_\_ SAT: Math \_\_\_\_\_ SAT: Writing \_\_\_\_\_ ACT: \_\_\_\_\_ of 36

Signature of guidance counselor \_\_\_\_\_ Date \_\_\_\_\_

*Signature of guidance counselor certifies, by signing above, that the student is currently enrolled in the stated school, the scholastic standing, school activity record and service records are correct.*



**Community or other activities:**

---

---

---

---

---

**Do you plan to be a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Number of dependents in your household, including yourself: \_\_\_\_\_**

**Ages: \_\_\_\_\_**

**Number of family members attending college at this time: \_\_\_\_\_**

**Gross family income: \_\_\_\_\_**

**Financial considerations or unusual circumstances that need to be noted:**

---

---

---

---

---

