



**Community Education Scholarship Application (Healthcare Only)**  
**Logansport Memorial Hospital Foundation**  
 1101 Michigan Avenue. | P.O. Box 7013 | Logansport IN 46947  
 574.753.1595

1. The candidate must fill out the application completely. *Incomplete applications will be disqualified.*
2. Signature of guidance counselor is *required* where indicated.
3. Only those students entering a *healthcare/medical field* need apply (i.e. doctors, nurses, radiologist, etc.)
4. A copy of your most recent High School transcript *must be included* with the application.
5. A copy of your college acceptance/student ID number *must be included* with the 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**. *Only one reference may come from school, the other two must be individuals you know outside of school and school based activities.*
7. Please include a wallet photo for our records.
8. Scholarship applications an requested information must be received at the Logansport Memorial Hospital Foundation no later than *Friday, April 1, 2022* to be considered.

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Internships, Job Shadowing, and/or Employment (if applicable) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.*

Health Occupation: \_\_\_\_\_

College you plan to attend: \_\_\_\_\_

Are you applying for other scholarships or grants? (Circle one)      Yes      No

Other Scholarship or Grant Applications	Amount

Are you enrolled in the 21st Century Scholarship Program? (Circle One)      Yes      No

Do you plan to be a full time student? (Circle One)      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:

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Community or other activities:

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