

Parkview LaGrange Hospital

Scholarship Application

Cover Letter

Thank you for your interest in applying for our scholarship. Please note the following things before applying for this scholarship.

* Education must be for training in any area of the healthcare industry.
* In rare circumstances, applicants may be required to attend a personal interview by the scholarship committee.
* A one-time $1,000 scholarship will be awarded to selected applicants.
* Applications must be submitted using the form provided. If additional room is needed to answer questions, applicants can use additional pages providing you copy the question and continue your answer underneath.
* Incomplete applications will not be considered. Please be sure each section is completed, and all information is provided when submitting your application.



Parkview LaGrange Hospital

Scholarship Application

Adult

Funded by the Parkview LaGrange Hospital Scholarship Fund

**REVIEW / COMPLETE THIS PAGE BEFORE SUBMITTING**

**Eligibility Requirements:**

* Applicant must be pursuing a career in healthcare
* Applicant must reside in LaGrange County

**Application Checklist:**

* Complete entire application *(Do not leave any areas blank.)*
* Provide one letter of recommendation. Recommendation letters must include name of person recommending, their relationship to the scholarship applicant, and their contact information.

**Application Submission:**

Applications must be received by February 24 in order to be considered for that year’s scholarship.

Completed applications, including supporting documentation, should be submitted through the following link: [www.parkview.com/plhscholarship](http://www.parkview.com/plhscholarship).

**Questions/Information:**

If you have questions or would like additional information, please contact Christina Blaskie, Parkview LaGrange Hospital Administration. (260) 463-9389 or christina.blaskie@parkview.com

**Application Acknowledgement:**

I certify that I have completed all scholarship application materials truthfully and will provide additional information if requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name (PRINT) Applicant Signature Date**

**Contact Information:**

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

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Information:**

**Current Position / Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you been employed here? \_\_\_\_\_\_\_\_\_\_\_\_**

**Current Manager’s Name and Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work History:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Position** | **Employer** | **Contact Info.** |
|  |  |  |  |
|  |  |  |  |

**Education:**

List healthcare related education that you have previously completed.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Certification/Degree** | **Institution** |
|  |  |  |
|  |  |  |

**Applicant Feedback:**

(For the following questions, you may attach additional pages as needed. Please print legibly or type.)

Are you currently enrolled in a healthcare related certificate / degree program? If so, please indicate the program and institution.

What is your current educational goal? Where would you like to be professionally in 5 years?

Why did you / do you want to choose a career in healthcare?

What brings you the most satisfaction in your current position?

Please list your involvement in any volunteer or community activities.

Is there any other information about yourself that you would like us to know?