



Scholarship & Award/Loan Program Application Form

Check all scholarships/awards/loans that you are applying for:

La Porte Hospital Auxiliary

- Auxiliary Scholarship
- Bowen Scholarship
- Door Prairie Painters Scholarship
- Hrankaj Scholarship

La Porte Regional Health System

- Critical Occupations Award/Loan Program

La Porte Hospital Foundation

- Foundation Scholarship
- Kemp Family Scholarship
- Kepler Award/Loan Program
- Magnuson Scholarship
- Rumely Award/Loan Program
- Siefker Scholarship
- Sisson Scholarship

PLEASE PRINT OR TYPE:

1. Full name _____
Last Name First Middle

2. Permanent Address _____
Number & Street City & State Zip

Telephone _____ Email _____
(Area Code) Number

3. Current Mailing Address _____
Number & Street City & State Zip

Telephone _____ Current Mailing Address Effective Until _____
(Area Code) Number

5. Date of Birth _____ Citizenship _____
Month / Day / Year Country

6. Father's Name _____ Occupation _____
Last Name First

Father's Address _____
(if different from above) Number & Street City & State Zip

7. Mother's Name _____ Occupation _____
Last Name First

Mother's Address _____
(if different from above) Number & Street City & State Zip

8. Are you married? If yes...
 Spouse's Name _____
Last Name First Middle

Spouse's Occupation _____

9. Dependents (children's ages) _____

10. What is your anticipated degree? _____

11. For what healthcare career are you preparing? _____

12. College you will attend in the 2010/2011 academic year _____

13. In the fall of 2010, you will enter college as a: Fresh. Soph. Jr. Sr. Other _____

14. When do you expect to graduate (month & year)? _____
15. Are you employed during the school year and/or vacation? Yes _____ No _____ Employer(s) _____
 Address(es) _____
 Number of hours/week _____
16. Have you ever been employed by La Porte Regional Health System?
 No _____ Yes _____ If yes, dates of employment: from _____ to _____
17. Do you have any relatives currently employed by La Porte Regional Health System (La Porte Hospital/Starke Memorial Hospital) or La Porte Regional Physician Network?
 No _____ Yes _____ If yes, please name _____
18. Are you or have you been a hospital volunteer or VolunTeen? Yes _____ (Area _____ Years _____) No _____
19. Are you currently receiving any financial aid? Yes _____ No _____
 If yes, please give sources _____
20. Do you have an educational loan at present? Yes _____ No _____
21. Annual estimated cost of: Room & Board _____ Tuition _____ Books _____
22. Number of other immediate family members, not including yourself, enrolled in college for the coming year _____
23. Approximate income sources which will finance the academic year for which you are requesting scholarship assistance:
 a. Anticipated income from summer employment \$ _____
 b. Anticipated income from employment during school year \$ _____
 c. Provided by parent or guardian \$ _____
 d. College fund or savings \$ _____
 e. Grants or scholarships \$ _____ From _____
 f. Loans \$ _____
 g. Other \$ _____
24. List all previous La Porte Hospital Auxiliary, La Porte Hospital Foundation or La Porte Regional Health System scholarships you have received, including the year and scholarship name.

25. From what high school or preparatory school did you graduate? _____
 City _____ State _____ Year graduated _____
26. List all colleges/universities attended and degrees earned:

27. List extra-curricular activities (including volunteer involvement) in which you have participated, indicating any offices held:
 (attach additional typed pages if needed)

28. Please **attach additional typed pages** answering the following questions:
 a. What influenced your choice of a healthcare profession?
 b. Please describe any future career plans you are considering.

I certify that all statements I have submitted in this application are correct and complete.

SIGNATURE _____ DATE _____

Please return by March 19, 2010 to:
La Porte Hospital Foundation
P. O. Box 250
La Porte, IN 46352-0250
email: laportehospitalfoundation@lph.org
website: www.laportehospitalfoundation.org/foundation/scholarships

ENCLOSURE CHECKLIST— BE SURE TO SEND THE FOLLOWING:

- Completed application (1-28b)
- High school transcripts (after 2000)
- College transcripts (if applicable)
- M.C.A.T. scores (Kepler applicants only)
- Two recommendation letters (may be sent separately)