To whom this may concern:

This letter is to inform you that the McLaren Lapeer Region Auxiliary is pleased to offer a scholarship in the amount of $1000.00! This scholarship will be awarded on a competitive basis at the discretion of the Auxiliary Scholarship Committee in July of 2014. Enclosed you will find the application forms including the criteria requirements. Please make note that applicants must have the correct information turned in no later than May 31, 2014.

Sincerely,

McLaren Lapeer Region Auxiliary
The Auxiliary Scholarship for $1,000.00 is designed to honor and assist students actively pursuing their education and a career in the health care profession.

The Scholarship will be awarded on a competitive basis at the discretion of the Auxiliary Scholarship Committee. A personal interview may be conducted at the discretion of the Auxiliary Scholarship Committee. One scholarship will be awarded each year in July, at the McLaren Lapeer Region Auxiliary Meeting. Scholarship drafts will be made out to the recipient and the college.

Scholarships will be awarded without regard to race, color, sex, religion, national origin, political persuasion, martial status, handicap, or age.

Each Candidate must meet the following criteria:

- Carry a grade point average of 3.0 or better
- Must be accepted in a 2-4 year “hands-on” patient care health related program
- Must be a current college student, completed one year of study, and submit your college transcripts
- Applicants must reside in Lapeer County and/or have graduated from a high school in the Lapeer County School District.
- Completed applications must be submitted by May 31st, 2014 in order to qualify for the scholarship. Current high school students should save this scholarship information, and submit after having completed one year of college in a health related program

Please mail the application and supporting documentation to the following:

MCLAREN LAPEER REGION
Human Resources
1375 N. Main Street
Lapeer, MI 48446
AUXILIARY SCHOLARSHIP
APPLICATION FORM

Name: ______________________________ Date: ________________

Address: ____________________________________________

City, State, Zip: __________________________ Phone: ___________

Current College Grade Point Average: __________________________

Where did you attend high school: ______________________________

Where are you attending college: ______________________________

Why did you choose health care for your career, and what health program have you been accepted to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you volunteered at McLaren Lapeer Region or any healthcare facility, please list and describe your role:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

How will this scholarship help you to achieve your goal: ________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Return completed application form to:

McLaren Lapeer Region
Attn: Human Resources
1375 North Main Street
Lapeer, MI 48446