To whom this may concern:

This letter is to inform you that the McLaren Lapeer Region Foundation 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 Foundation Scholarship Committee in July of 2018. 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, 2018.

Sincerely,

McLaren Lapeer Region Foundation
McLaren Lapeer Region Foundation

SCHOLARSHIP

APPLICATION FORM

The McLaren Lapeer Region Foundation 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 Foundation Scholarship Committee. A personal interview may be conducted at the discretion of the Scholarship Committee. One scholarship will be awarded each year in July, at the McLaren Lapeer Region Volunteer Services 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, 2018 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
MCLAREN LAPERER REGION FOUNDATION 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