



Health Care Scholarship

Academic Verification

- **High School Senior:** Have your school Guidance Counselor complete this form.
- **Returning Students:** Fill out application and attach a copy of your high school diploma or transcript.

Please save this file to your desktop or file storage prior to filling out application.

Date: _____

Student Name: _____

Name of High School: _____

Cumulative GPA: _____ Graduation Date: _____

Guidance Counselor's Name: _____

Telephone: _____

Email: _____

Counselor's Signature: _____

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[Email Sara Schauer](#)