



## 2023 Scholarship Application

To encourage careers in the health care field, the Madelia Health Foundation will award four various scholarships for the 2023-2024 academic year. Each scholarship is renewable up to four years with required provisions.

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

**Please select the following scholarship(s) you will be applying for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Madelia High School ( <b>Health Care Career</b> ) Scholarship      | <input type="checkbox"/> Pam Masters ( <b>Nursing</b> ) Scholarship           |
| <input type="checkbox"/> Lake Crystal High School ( <b>Health Care Career</b> ) Scholarship | <input type="checkbox"/> Yoshiko Masters ( <b>Radiology/Lab</b> ) Scholarship |

*Please refer to the Scholarship Guidelines for eligibility information and requirements of the scholarship for which you are applying. You are invited to apply for each scholarship for which you are eligible. Each scholarship requires a personal essay, two letters of recommendation and other additional documentation. All applications should be typed and printed for submission.*

### **Personal Information:**

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School or college enrolled in: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Degree pursued: Associate: \_\_\_\_ Bachelor: \_\_\_\_ Other: \_\_\_\_\_

If enrolled in a degree program, what program are you enrolled in: \_\_\_\_\_

### **Health Care Career Choice:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chiropractor             | <input type="checkbox"/> Nurse Practitioner           | <input type="checkbox"/> Radiology Technician   |
| <input type="checkbox"/> Dietician                | <input type="checkbox"/> Occupational Therapy         | <input type="checkbox"/> Registered Nurse       |
| <input type="checkbox"/> Health Education         | <input type="checkbox"/> Occupational Therapy Asst    | <input type="checkbox"/> Respiratory Therapist  |
| <input type="checkbox"/> Laboratory Technician    | <input type="checkbox"/> Physical Therapist           | <input type="checkbox"/> Social Work            |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Physical Therapist Assistant | <input type="checkbox"/> Speech Therapist       |
| <input type="checkbox"/> Medical Assistant        | <input type="checkbox"/> Physician                    | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Medical Technologist     | <input type="checkbox"/> Psychologist                 | <input type="checkbox"/> Other: _____           |

I voluntarily give Madelia Health Foundation Scholarship Committee the right to make inquiries about my activities and educational record. I agree to cooperate in such inquiries. I release from liability all persons, companies or schools supplying information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_