

# Lake Region Healthcare Foundation

## Healthcare Professions Scholarship Application

*All applications must be submitted via email to [Foundation@lrhc.org](mailto:Foundation@lrhc.org) by May 1st*

### *Premise*

- Four \$5,000 scholarships to be awarded to the top four applicants.
- This scholarship shall benefit an undergraduate or graduate student who is currently enrolled in and pursuing a medical career at an accredited institution of learning. (Must be a second-year student at minimum)
- Awarded checks will be made out to the recipient and college the recipient has selected.

### *Requirements*

- Applicants must have had permanent residence in the Lake Region Healthcare service area. (Approximately 45 minute radius of any Lake Region Healthcare facility.)
- Applicant shall be at least 18 years of age and at least a second year full-time student attending an accredited institution of learning and pursuing a medical career.
- Applicant must have a minimum GPA of 3.0, based on the previous year's academic performance. (Proof of GPA required.)

### *Application Process*

- Applicant shall submit all contact information as contained within the application.
- Written Portion: Applicants shall write a 250 to 500 word personal answer to the question "Upon completion of your education, how do you plan to get involved and give back to your community, your profession and your college? Please supply an example for each.
- Video Portion: Applicants shall videotape responses to the three questions below. Your entire video, answering all 3 questions should be 3 – 5 minutes in length. Once you have successfully completed your video, upload it to [www.youtube.com](http://www.youtube.com). Uploading instructions can be found here, <https://support.google.com/youtube/answer/57407?hl=en>. Set the privacy to unlisted so only those you share the link with are able to see the video.
  1. What do you hope to accomplish by entering a medical career?
  2. How will you impact the lives of others with the education & knowledge you acquire while in medical training?
  3. Why do you believe you should be selected to receive these scholarship funds?
- Applicant may submit up to two letters of recommendation. This is not required.
- Applications must be received by midnight on May 1. Notifications will be made by June 1.

### *Selection*

- Applications will be reviewed by a panel and finalists may be selected to participate in personal interviews before final selection is made.
- The winner will be selected based on criteria set forth in this document. Preference may be given to applicants with a desire to practice in a rural health care facility and/or return to the LRH service area.
- Once the winner is decided and notified of the award, LRH will work with the student and their college to distribute the scholarship check directly to their student account.
- Scholarship winners will be asked to provide a photo for publicity purposes and/or attend an on-site presentation of their award and photo opportunity at Lake Region Healthcare.

712 Cascade St S  
Fergus Falls, MN 56537  
(218) 736-8000  
[www.lrhc.org](http://www.lrhc.org)



**Lake Region**  
HEALTHCARE

*Vision. Integrity. Award winning care.*

- Applicants may only receive this award once. Previous recipients are not eligible to re-apply.
- Lake Region Healthcare requests that scholarship winners provide ongoing information regarding their schooling and a copy of a certificate of licensure upon completion of their education.
- It is the policy and practice of the LRH Foundation to treat all candidates for scholarships with dignity and respect and to provide equal opportunity to all persons without regard to color, race, religion, sex, national origin, citizenship, age, disability, marital status, pregnancy, sexual orientation, military status or any other category protected by law.

### **Application (Please type your information)**

*All applications must be submitted via email to [Foundation@lrhc.org](mailto:Foundation@lrhc.org) by May 1st*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace (City, State): \_\_\_\_\_

Present Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ GPA: \_\_\_\_\_

Current School: \_\_\_\_\_ Year in School: \_\_\_\_\_

Current Major: \_\_\_\_\_

1. **Written Portion:** Please write a 250 to 500 word personal answer to the question “How do you plan to get involved and give back to your community, your profession and your college? Please supply an example for each.
2. **Video Portion:** Applicants shall videotape responses to the three questions below. Your entire video, answering all 3 questions should be 3 – 5 minutes in length. Once you have successfully completed your video, upload it to [www.youtube.com](http://www.youtube.com). Uploading instructions can be found here: <https://support.google.com/youtube/answer/57407?hl=en>. Set the privacy to “unlisted” so only those

712 Cascade St S  
Fergus Falls, MN 56537  
(218) 736-8000  
[www.lrhc.org](http://www.lrhc.org)



**Lake Region**  
HEALTHCARE

*Vision. Integrity. Award winning care.*

you share the link with are able to view it. Please include the link to your video submission along with your written application.

1. What do you hope to accomplish by entering a medical career?
  2. How will you impact the lives of others with the education & knowledge you acquire while in medical training?
  3. Why do you believe you should be selected to receive these scholarship funds?
3. Applicant may submit up to two letters of recommendation. This is not required but is encouraged. Please attach as separate pages.

712 Cascade St S  
Fergus Falls, MN 56537  
(218) 736-8000  
[www.lrhc.org](http://www.lrhc.org)



**Lake Region**  
HEALTHCARE

*Vision. Integrity. Award winning care.*