

The Lutheran Foundation Health Professions Scholarship Program

**Application Deadline is March 15
Awards Announced in May**

The purpose of the Lutheran Health Professions Scholarship Program is to encourage talented students to enter fields of study that will lead to careers in health care. The scholarship program is an important part of the Foundation's commitment to health care.

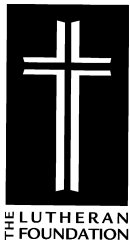
The Lutheran Foundation Health Professions Scholarship Program is offered to students planning to pursue a career in a health care related field. By providing this program, we hope to inspire students to achieve success in fields benefiting not only their local communities but society as a whole.

Application Requirements	Eligibility – Selection Criteria
<ul style="list-style-type: none">▪ Application must be typed and signed▪ Include copy of most recent Student Aid Report (must include entire report)▪ Include copy of most recent academic transcript (unofficial acceptable)▪ Include 2 Letters of Recommendation<ul style="list-style-type: none">▪ 1 academic (Faculty member or academic advisor)▪ 1 personal (Pastor, employer, general character or personal reference)	<ul style="list-style-type: none">▪ Must plan to pursue a career in a health care related field▪ Must reside in The Lutheran Foundation's 10-county area. In addition, must plan to attend an eligible college or university (please refer to list of Eligible Colleges and Universities on our website).▪ Financial need and/or academic performance

Answer all questions within the Scholarship Application as requested, and include all Application Requirements listed above. Incomplete applications will not be considered. All documents listed under the Application Requirements section must be submitted with the application. The application is considered complete when the Application Requirements are met and post-marked by the March 15 deadline. If an application deadline is on a weekend, the application must be postmarked by the deadline date.

For the scholarship information, please check our website at www.thelutheranfoundation.org or contact Terri Kortokrax at 260.458.2112 or 800.677.2451, extension 302 or via email at tkortokrax@thelutheranfoundation.org.

Applicants submitting incorrect or incomplete entries will not be subject for review and qualification.



**The Lutheran Foundation
Health Professions Scholarship Program**

Scholarship Application

Application Deadline is March 15

Awards announced in May

STUDENT INFORMATION	
Name	
Address	
City, State Zip	
Telephone Number	Home Mobile
Email	Date of Birth

ACADEMIC/COLLEGE/UNIVERSITY INFORMATION	
My school is: four-year college/university two-year college/university vocational other _____	
Next year will be my 1 st year 2 nd year 3 rd year 4 th year Other _____	
Estimated date of graduation: _____	
I will be enrolled full time (12+ credits) half time or more (6+ credits) less than half time)	
Educational Institution you plan to attend	
City, State	
Have you been accepted for admission? Yes No	If nursing, which program? Pre-Nursing Nursing
Major Field of Study:	Degree to Obtain: Associate Bachelors Masters Doctorate
GPA: _____ on a _____ point scale	

