

**LUCILLE PETERSEN ENDOWMENT FUND
HEALTHCARE EDUCATION APPLICATION**

**Notice to Applicants: Please make sure your Application is complete.
Incomplete Applications will not be considered. You must apply for funding
PRIOR TO the date of your coursework.**

PERSONAL INFORMATION

TODAY'S DATE _____

YOU ARE APPLYING FOR FUNDING FOR WHAT SEMESTER:

- _____ Spring (application due November 15, Committee meets mid December)
- _____ Summer (application due April 15th, Committee meets mid May)
- _____ Fall (application due June 15th, Committee meets mid-July)
- _____ Annual (you will not be applying more than once per year)
- _____ Other _____

1. Name _____

Last
First
Middle
2. Social Security Number _____
3. Address _____

City _____
State _____
Zip _____
4. Phone Number: _____(Home) _____(Work)
5. How many people live in your household _____
6. How many household members are enrolled in post-secondary education _____

EDUCATIONAL INFORMATION

1. **Background.** Briefly describe your educational background including schools attended, degrees achieved and most recent institutional grade point average.

School(s) Attended	Completed Program/Degree	Grade Point Average

School(s) Attended	Completed Program/Degree	Grade Point Average

2. **Goals.** Describe your educational goals.

3. **Enrollment.** What college are you attending? _____

Have you been accepted into the program to which you have applied [must be a healthcare program, no prerequisites]?

____ Yes ____ No (You must attach a copy of your acceptance letter and actual proof of enrollment).

If applicable, please attach a brochure or some type of information indicating the course work you will be completing. **Make sure the date of the program is indicated.**

Please list classes/credit hours you will be taking this semester (if applicable). **Make sure the date(s) you will be attending are included.** You may attach a separate sheet.

4. **Grades.** For any college course work already completed, please attach a copy of your most current transcript.

EMPLOYMENT INFORMATION

Please attach a copy of your resume with work history.

FINANCIAL INFORMATION

Give a general financial statement including the amount you are requesting, money furnished by

self or family, earnings accumulated, expected earnings, other scholarships, loan/grants, and any type of federal or other financial aid you have been approved for, or have applied for and have not yet received notification.

You must submit a copy of any financial award letters you have received with this application.

You must include a statement from the school which you will be attending which includes: a list of your expenses for the upcoming semester, as well as your estimated costs for books, and indicate exactly how you plan to use any money received from the Lucille Petersen Endowment. This statement from your school must include information indicating the cost of the coursework you will be completing and the timeframe for completion.

Explain here the reason you are requesting funds from this endowment fund.

Note: It is the intention of the Endowment Committee that money awarded by the Endowment Committee be used for tuition, books, and fees.

Amount of Private Assistance (including self and/or family)	
Earnings Accumulated	
Expected Earnings	
Other Scholarships	
Other Loan/Grants	
Federal Aid	
Other Financial Aid	
Amount you are Requesting – please provide A DETAILED EXPLANATION. Your loan/grant <u>may be declined</u> if adequate information is not received.	

REFERENCES

1. _____
2. _____
3. _____

FUTURE OCCUPATIONAL PLANS

1. Do you plan to work in your chosen healthcare occupation within a 20-mile radius of Harlan, Iowa? _____ Yes _____ No
2. Write a brief narrative of your occupational goals.

Please return this application to Myrtue Medical Center, Attn: Ruth Pitkin, 1213 Garfield Avenue, Harlan, Iowa 51537

Application Deadlines: Spring Semester – November 15th
Summer Term – April 15th
Fall Semester – June 15th

In order for your application to be considered, it must be complete, and received before the deadline for that application period.

Attachment Checklist

Your application for funding from the endorsement may not be considered without the following verification documents attached:

1. **A current copy of your college transcript (if available);**
2. **Proof of enrollment at the school you have chosen to further your healthcare education;**
3. **A copy of all financial aid award letters indicating financial aid you will receive from all**

other sources for the period of time for which you are applying for an award from this endowment fund;

- 4. A copy of your charges, including tuition, books, and all fees charged by your school for the semester for which you are seeking an award. This must be on the school's stationery or contain its letterhead.**

If you do not include any of these items, your application could be denied in whole or in part. It is your obligation to provide all these documents or tell the Committee why they cannot be provided.

I certify that all information on this form is true to the best of my knowledge.

Applicant's Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____
(if under 18 years of age)

September, 2015