



Community Education Scholarship Application (Healthcare Only)
Logansport Memorial Hospital Foundation
 1101 Michigan Avenue. | P.O. Box 7013 | Logansport IN 46947
 574.753.1595

1. The candidate must fill out the application completely. *Incomplete applications will be disqualified.*
2. Signature of guidance counselor is *required* where indicated.
3. Only those students entering a *healthcare/medical field* need apply (i.e. doctors, nurses, radiologist, etc.)
Please note, this does not include dental or vision.
4. A copy of your most recent High School transcript *must be included* with the application.
5. A copy of your college acceptance *must be included* with the application. Student identification number is preferred.
6. Include with this application, **three (3)** letters of reference from individuals, other than parents or relatives.
At least one reference must come from individuals you know outside of school and school based activities.
7. Please include a wallet photo for our records.
8. Scholarship applications and requested information must be received at the Logansport Memorial Hospital Foundation no later than *Monday, March 31, 2025* to be considered.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

High School (presently attending): _____

GPA: _____ SAT: Reading _____ SAT: Math _____ SAT: Writing _____

ACT: _____ of 36 Class Rank if applicable: _____

 Signature of applicant Date

Signature of guidance counselor _____ Date _____

Signature of guidance counselor certifies, by signing above, that the student is currently enrolled in the stated school, the scholastic standing, school activity record and service records are correct.

Health Major: _____

College you plan to attend: _____

Healthcare Occupational Goals: _____

Other Scholarship or Grant Applications	Amount

Are you applying for other scholarships or grants? (Circle one) Yes No

Are you enrolled in the 21st Century Scholarship Program? (Circle One) Yes No

Do you plan to be a full time student? (Circle One) Yes No

Number of dependents in your household, including yourself: _____

Ages: _____

Number of family members attending college at this time: _____

Gross family income: _____

Financial considerations or unusual circumstances that need to be noted:

School Based Activities	Description	Dates or Time Involved
Please only list activities that are associated with school. For example; Sports, Clubs (Key Club, National Honor Society), Student Council, Band and/or Choir, etc.		
<i>Please use the space below if additional comments or activities are needed.</i> <hr/> <hr/> <hr/> <hr/>		

Out of School Based Activities	Description	Dates or Time Involved
Please only list activities that are NOT associated with school. For example; 4-H, Civic Players, Dance Class or Music Lessons, etc.		
<i>Please use the space below if additional comments or activities are needed.</i> <hr/> <hr/> <hr/> <hr/>		

Internships, Employment, Job Shadowing, etc.-- <i>If applicable</i>

Additional activities can be listed and attached on a separate page if more space is needed.

