



Langdon Prairie

HEALTH

FOUNDATION

SCHOLARSHIP APPLICATION

Application # _____

Qualifications:

Applicant must be a high school graduate, who plans to pursue a higher education in the medical field in the upcoming school year. Applicant's parent or guardian must be a member of Cavalier County Memorial Hospital and Clinics, Inc., dba Langdon Prairie Health. (All persons who have been a patient of Cavalier County Memorial Hospital and Clinics, Inc., dba Langdon Prairie Health or reside in our service area shall be deemed a member of this Corporation.)

Please fill in only applicable fields to the best of your ability. If necessary, use additional paper to answer the questions from the application. An application will be *rejected* if instructions are not followed.

Langdon Prairie Health Foundation
909 2ND ST
Langdon, ND 58249

Or submit to foundation@lph.hospital

AMOUNT TO BE AWARDED: \$1,000.00

Statement of Non-Discrimination

It is the policy of Langdon Prairie Health Foundation to prohibit discrimination on the basis of race, color, religion, sex, national origin, or disability.



SCHOLARSHIP APPLICATION

Full Name (print): _____

Phone: _____ Date of Graduation _____

Street Address: _____

City, State Zip _____

Name of High School _____

Parents _____

QUESTIONNAIRE

In one or two sentences, describe your career goal:

What is your cumulative GPA? _____ on a scale of 4.0 5.0

Amount of volunteer hours: _____

How many credits does your school require for graduation? _____

Please attach your transcript

What two or four-year institution do you plan to attend? _____

What will be your major? _____

Please check one: I HAVE APPLIED I HAVE BEEN ACCEPTED

Beginning with the school you currently attend, list all schools you attended in the last four years.

List any awards or honors you have received in the past four years.

List any programs and activities in school and the community in which you have participated (such as clubs, publications, dramatics, music, church events, art, etc.)

List any jobs you have held in the past four years.

Describe a leadership experience in which you made a difference in your community.

Explain why you have a desire to pursue the career you have chosen.

Why **and** where do you see healthcare in your future?

What are your thoughts on **rural** healthcare?

I have asked one teacher to write a confidential statement about my general merit and email it to foundation@lph.hospital

Thank you for applying for this year's scholarship. If you are chosen for this award, we will call you!

Don't forget to attach your transcript! Good luck with on your next journey and on all your future endeavors.

-Langdon Prairie Health Foundation