



Laboratory Control Ltd Health Career Scholarship Application

Name _____
(Last) (First) (MI)

SSN _____

Permanent Address _____

(City) (State) (Zip)

Telephone _____

E-mail _____

School Address _____

(City) (State) (Zip)

Telephone _____

I am currently enrolled in _____ at _____
(Program) (School)

(Address)

(City) (State) (Zip)

Year entered _____ Expected graduation date _____ Degree anticipated _____
(Month/Year) (Month/Year)

Full-time or part-time student (please circle)

Are you or a family member currently employed in health care? Please describe _____

Briefly describe your short-term and long-term career goals. _____

Have you previously received this scholarship? Yes No

If yes, under what name? _____

The Foundation office must receive the completed application form and the following attachments by **5:00 p.m. on March 31st**. The Foundation is located at *935 Pennsylvania, Ottumwa, IA 52501*.

- Official transcript from most recent academic term
- Academic letter of reference from current professor, advisor or program director
- 1-page sheet outlining involvement in school and/or community activities.

Please circle where you received this application: Foundation Website Foundation Office ORHC
College/University Hospital Newspaper