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**Health Care Education Scholarship**

**Eligibility requirements:**

1. Applicant must be a Milbank High School Senior.

2. Applicant must be pursuing a career in health care.

The scholarship award will be $1,000.00.

**Send completed application and letters of reference to:**

Milbank High School

Attn: Ms. Heidi Lundborg

1001 E Park

Milbank, SD 57252

**Selection:**

A selection committee will review the applications and select the recipient.

**Notification:**

Notification will be made by the selection committee by letter to the recipient.

**Deadline:**

All applications must be submitted to Milbank High School by April 22nd.

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**Health Care Education Scholarship**

**Application Form**

**Date of Application:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:**\_\_\_\_\_\_\_ **Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell (if applicable):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College or University Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree being sought:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a separate typed sheet describing the following (500 words or less):**

1. Objectives and rationale for wanting to further your education in health care?
2. What would you do to improve our current health care system?

**Two letters of reference are needed in support of your application.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**  **Address**

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 **Phone**  **Relationship to you**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** **Address**

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 **Phone Relationship to you**

**Please return completed applications to Ms. Heidi Lundborg at Milbank High School by April 22nd**