

LAFAYETTE REGIONAL HEALTH CENTER AUXILIARY
SCHOLARSHIP APPLICATION

On a separate sheet of paper please address the following:

1. A general introduction of yourself and your parents, including current addresses and phone numbers. (A photo would be appreciated).
2. A brief history of your education and work experience to date.
3. A brief history of volunteer activities, community involvement, and other contributions to the health care field.
4. Are you eligible for any tuition reimbursement from an employer or any other sources? If so, how much?
Please list all other scholarships or grants you will receive, and amounts.
5. What will be your tuition, and books expenses?
A description of your anticipated education program schedule, including your expected date of graduation.
6. What personal qualities do you have to offer to the health care field?
7. Two written references from **current** educators and/or employers must accompany your application or mailed separately by June 1, 2019.

Please mail all the above to : Auxiliary Scholarships, Lafayette Regional Health Center, 1500 State Street, Lexington, MO 64067 postmarked by June 1, 2019.

Applications or references **postmarked** later than June 1 can not be considered.