

The Long Trust Health Care Scholarship

Becker and Norman County Residents

Application Deadline: January 1st

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

E-mail _____ **Phone** _____

DATE OF BIRTH _____

Length you or your family has been a resident of Becker or Norman County? _____
(Or within a thirty mile radius of Detroit Lakes or Ada)

Please give the school, and program enrolled in, to which this scholarship would apply:

SCHOOL _____

ADDRESS _____

CITY/STATE _____ **ZIP** _____

PROGRAM/COURSE NAME _____
(Please enclose an official transcript of your grade records and your GPA)

What is the length of time of this course? _____

What is your expected completion date? _____

Itemize your yearly expenses (tuition, living expenses, books, etc.)

List your yearly sources and amounts of financial income/aid (scholarships, loans, personal resources.)

REFERENCES: Please attach three letters of recommendation to this form, with at least one from an academic source, one from a community or job source.

	NAME	POSITION	ADDRESS	PHONE
1.				
2.				
3.				

EDUCATIONAL BACKGROUND:

Please enclose an official transcript of grade records and GPA from the following:

1. HIGH SCHOOL ATTENDED

- Name of School _____
Address _____
Year Graduated _____ G.P.A. _____
Special awards, Honors and Scholarships received _____

School activities, special interests, Offices or positions held _____

2. COLLEGE OR VOCATIONAL SCHOOLS ATTENDED:

- Name of institution _____
Address _____
Years attended _____ G.P.A. _____ Year of graduation _____
- Name of institution _____
Address _____
Years attended _____ G.P.A. _____ Year of graduation _____
- Special awards, Honors, and Scholarships received _____

OTHER ACTIVITIES (Community, extra-curricular or volunteer)
Please indicate any positions held or honors received.

Leisure time interests and hobbies

JOB EXPERIENCE/EMPLOYMENT: List employer, dates of employment, and job title starting with most recent position.

Write a statement about why you chose your field of study, and what you intend to do when you have completed your training.

Tell us why you feel you should receive this scholarship.

Add any other pertinent information about yourself that we should know.

I certify that all information on this application is accurate and complete.

Signed _____ Date _____
Applicant

Application Deadline: January 1

**Send to: D. L. Area Community Foundation
P. O. Box 1340
Detroit Lakes, MN 56502**

Administered by the Detroit Lakes Area Community Foundation a subsidiary of West Central Initiative Fund, 1000 Western Avenue,
Fergus Falls, MN 56537