

Long Trust HealthCare Scholarship

Becker and Norman County Residents

Re-Application Form

(For use by applicants who have received this scholarship in the past)

Application Deadline: January 1st

Send to: D. L. Area Community Foundation

P.O. Box 1340, Detroit Lakes, MN 56502-1340

Name _____
Last First Middle

Address _____
Street City State Zip

E-mail _____ **Phone** _____ **Birth Date Birth** _____

Length of residency in Becker or Norman County (or within a 30 miles of Detroit Lakes or Ada): _____

School and program for which this scholarship will be used:

School Name _____

School Address _____

City/State _____ **ZIP** _____

Program/Course Name _____ **GPA** _____
(Please enclose an official transcript of grade records and GPA)

How long will this course take? _____

What is the date expected completion? _____

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

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

REFERENCES: Please attach one letter of recommendation from a current academic source.

1. _____
Name Position Address Phone Email

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

Signed _____ **Date** _____

These scholarships are administered through the Detroit Lakes Area Community Foundation Advisory Board which is a subsidiary of the West Central Initiative Fund, 1000 Western Avenue, Fergus Falls, MN 56537.