Mission Statement:
We are committed to addressing the diverse and changing community health needs of the Mille Lacs area

Mille Lacs Area Health Foundation
Scholarship Application

Personal Information:

Name:
Parent/Guardian:
Address
Phone
Date

Post Secondary Information:

Field of Study: Program:
Starting Date:
Choice of School
Applied: Accepted:

Scholastic Information (High School Students only)

Rank_____ Size of Class_____ GPA_____

A continuing education transcript should be included.

Work Experience:

Community Involvement:

Financial Consideration:

Short Essay Questions: (Use back of page if necessary)

1. Tell the Scholarship Committee a little about yourself. Be sure to include strengths. (Personal Biography)

2. Talk about your future plans as they relate to your educational career and future goals. Include the steps you will take to reach your goals.

3. Why do you feel you are deserving of a scholarship (e.g. special factor) and in what way will it help you become a better member of your community?

4. **Please include two references from individuals who are aware of your potential and work ethic.**

   1.

   2.