Lindsborg Community
Health Care Foundation

Scholarship Guidelines and Application for the
Lindsborg Community Health Care Foundation's Workforce Scholarship

The Lindsborg Community Health Care Foundation (LCHCF) is a 501(c)(3) tax exempt organization. It is not a health care provider, but a foundation organized exclusively for charitable, scientific and educational purposes. *"Providing resources to sustain and improve facilities, equipment, and workforce for the Lindsborg Community Hospital"* is the Foundation's vision. With that Vision, it has been determined that it is consistent to provide a scholarship program that will assist students in completion of study in health careers and to seek employment at Lindsborg Community Hospital (LCH).

Eligibility: In order to be eligible to receive a scholarship described below, a student must meet the following criteria:

1. Applicant must already be in or accepted into the final one or two years of an approved program of study. Award will correspond with the number of years of those required for completion of the program. Eligible programs include:
   1) Nursing: Registered Nurse (RN, ADN, BSN), Licensed Practical Nurse (LPN), Registered/Certified Medical Assistant (RMA/CMA), for up to two years
   2) Radiology Technology: for up to two years
   3) Medical Technology: for up to two years
   4) Certified Professional Coder: for up to two years
   5) Surgical Technology: for up to two years
   6) Pharmacy: for up to two years
   7) Dietary Management: for up to two years
2. As directed by the LCHCF Board of Directors, the positions eligible for scholarship will be determined by LCH administration, based on employment needs.

Terms:

1. A scholarship amount of up to $3,000 per year will be paid directly to the accredited school/program for which the applicant is enrolled or accepted.
2. Applicant must, at the time of acceptance of the scholarship, agree that there will be one year of tie to service to LCH for every year of award taken.
3. If the tie of service is not fulfilled the amount of scholarship will be paid back in full by the student. Repayment will not be expected in a case where a position is not offered upon completion of schooling.

Application

NAME: ____

ADDRESS: ______________________________________ **MAILING ADDRESS:** ____________

CITY: ______________________________ **STATE:**_________ **ZIP:**______________________

BEST PHONE:_________________________ **SECOND OR ALTERNATE PHONE:**______________

PRIMARY EMAIL:____

OTHER EMAIL:____

APPROVED PROGRAM:____

A. **PLEASE TELL US A LITTLE ABOUT YOURSELF.** Use a separate piece of paper, maximum 500 words.

B. **WHY HAVE YOU CHOSEN THIS CAREER PATH?** *(add a separate sheet of paper if necessary)*

C. **PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR FINANCIAL AID OFFICER:** *(if available at this time. Checks will not be issued to an individual)*

D. **PLEASE PROVIDE A COPY OF YOUR ACCEPTANCE LETTER.**
E. **ATTACH TWO LETTERS OF RECOMMENDATION (NOT FAMILY MEMBERS).**

AGREEMENT AND TERMS OF EDUCATION AWARDS/SCHOLARSHIPS

1. The undersigned applicant agrees that, if this application is approved and an award made, a photograph may be required for publicizing of awards.
2. The undersigned applicant also understands the obligation to reimburse the scholarship funds received if they pursue other education/training for a career different than this application specifies.
3. This applicant certifies that the information provided within this application is true and correct and is given for the purpose of obtaining the award. The committee is authorized to verify the statements contained herein.
4. Applications may be submitted at any time, but will not be considered by the Foundation until within six months of the applicant's starting date in the program. Thereafter, applications are considered in the order in which they were received by the Foundation and are based on the foregoing needs and requirements. Subject to the requirements of law, the Foundation reserves the right to accept or reject an application for any reason.
5. It is anticipated that an interview will be conducted with the department in which the student desires future employment but will be up to departmental discretion.
6. All information contained in this application will be held in confidence

REMIT APPLICATION TO: Lindsborg Community Health Care Foundation
ATTN: Karissa Hoffman
605 W. Lincoln
Lindsborg, KS 67456
OR program.enroll@lindsborghospital.org

APPLICANT NAME: ___________________________________

APPLICANT SIGNATURE: _________________________________DATE:_________________