

HEALTH CAREER SCHOLARSHIP APPLICATION

Cleveland Clinic Akron General Lodi Hospital and its' Medical Staff are pleased to offer 4- \$2,500 health career scholarships to local area students. The scholarships are available to candidates who are graduating high school seniors from the following school districts: Black River, Buckeye, Cloverleaf and Northwestern. The graduating senior must be pursuing a 2- or 4-year healthcare degree.

The Medical Staff recognizes that many of the best healthcare providers did not become the best because they graduated at the top of their class. It is their passion for helping others and their underlying character that drove them to be successful in the healthcare field. It is the hope of the Medical Staff and the hospital to find deserving students who truly reflect the character and dedication to serving others, a goal which most closely aligns with the mission of Lodi Community Hospital: "Caring for life, researching for health, educating those who serve."

APPLICATION REQUIREMENTS: 1) Completed scholarship application, 2) a 250-500 word essay describing why you are interested in pursuing your chosen field of healthcare, 3) one letter of recommendation from a teacher or counselor and 4) a copy of your high school transcript.

Applications can be hand delivered or mailed to: Lodi Community Hospital, Attention Administration, 225 Elyria Street, Lodi, Ohio 44254. Questions can be directed to Administration by calling 330.948.1222. All information submitted is confidential and will only be shared with the Scholarship Committee.

The winners will be notified by mail with a copy to their respective school. A check for the scholarship money will be deposited in the student's school account.

STUDENT'S NAME: _____ **SCHOOL DISTRICT:** _____

COUNSELOR: _____ **CUMMULATIVE GPA:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

GENDER: _____ **E-MAILADDRESS:** _____ **CELLPHONE:** _____

MOTHER'S NAME: _____ **PHONE:** _____

MAILING ADDRESS (If different than student's): _____

FATHER'S NAME: _____ **PHONE:** _____

MAILING ADDRESS (If different than student's): _____

THE NAME OF THE COLLEGE / UNIVERSITY YOU PLAN ON ATTENDING: _____

CITY: _____ **STATE:** _____

WHAT WILL BE YOUR MAJOR OR COURSE OF STUDY? _____

PERSONAL ACHIEVEMENT:

List the top five **non-school activities** including your church and community giving the years of participation and activities in which you were involved as a leader.

NAME OF ACTIVITY / ORGANIZATION	# YEARS	LEADERSHIP

List the top five **school activities** you participated in during your high school career such as: Class Officer, Music, Drama, Athletics, etc. and include any awards you received.

NAME OF SCHOOL ACTIVITY	# YEARS	SCHOLASTIC AWARDS

List any **health care related activities** for which you volunteered or took part in such as: American Cancer Society's Relay for Life, American Red Cross Blood Mobile, etc.

NAME OF ACTIVITY / ORGANIZATION	# YEARS	HOW DID YOU PARTICIPATE?

List **scholarship awards** received or applied for including the award amount.

NAME OF SCHOLARSHIP OR COLLEGE / UNIVERSITY	(A) Applied / (R) Received	SCHOLARSHIP AMOUNT

STUDENT'S SIGNATURE

DATE:

COUNSELOR'S SIGNATURE

DATE:

APPLICATION ESSAY

Describe why you are interested in pursuing your chosen field of healthcare (250-500 words):

Letter of Recommendation

Include one letter of recommendation from a teacher or counselor: