



**Lenertz Family Healthcare Scholarship  
Application for the 2019-2020 Academic Year**

*Type or print neatly:*

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Post-Secondary or higher institution in which I am enrolled (or plan to enroll):**  
\_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Healthcare field(s) of study I plan to pursue:** \_\_\_\_\_  
\_\_\_\_\_

- 1) Briefly state why you believe you deserve this scholarship and how meaningful would this scholarship be towards your healthcare degree and educational journey?**

**\*\*\*Please answer on a separate piece of paper**

- 2) What motivates you and why are you passionate about a healthcare career?**

**\*\*\*Please answer on a separate piece of paper**

**Submit application form, a copy of your current grades transcript, a resume and (2) short (one-page) letters of recommendation to the Foundation office (323 S Minnesota St, Crookston, MN 56716) by noon on March 28, 2019.**