

Longmont United Hospital  
**FOUNDATION**

*Leading. Giving. Caring.*



# LUH Foundation Healthcare Career Scholarships

**Ray and Elsie Lanyon Fund      Elevations Credit Union Scholarship**

**Howard and Alice Hess Memorial Scholarship**

**Al Straub Memorial Scholarship      Harry and Patrick Wherry Memorial Scholarship**

**Mary Beth Driscoll Memorial Scholarship**

The Longmont United Hospital Foundation will be awarding merit-based scholarships in the Fall for the 2019 Winter/Spring Semester. These scholarships will be awarded **ONLY** to students who are pursuing a degree for: **BSN; MSN; Physical Therapy; Medical Technologist; Occupational Therapy; Physician Assistants; Nurse Practitioners and non-clinical programs supporting LUH.**

## IMPORTANT

These scholarships are made with the expectation that upon completion of their education, students will apply for and accept employment at Longmont United Hospital in their field of study. If there is not a position available, there is no repayment required.

Awards are given for tuition assistance only. (i.e. funds will not be given for room and board or books, etc.)

\*Applicants must be accepted or enrolled in the healthcare program in your field of study and all pre-requisite course work must be completed before any scholarship funds are disbursed. Simply "majoring" in a healthcare field at an institution does not necessarily qualify for scholarship assistance.

Applicants should inquire with the Foundation staff if you are unsure how the requirement affects your eligibility. Contact Shirley at 303-485-4190 or [shirleylemmex@centura.org](mailto:shirleylemmex@centura.org)

\*Award decisions will be made solely at the discretion of the LUH Foundation's Scholarship Committee and are final.

**THE LUH FOUNDATION DOES NOT, IN ANY WAY, GUARANTEE EMPLOYMENT AT LONGMONT UNITED HOSPITAL TO SCHOLARSHIP RECIPIENTS, EITHER NOW OR IN THE FUTURE.**

Completed applications must be received via email by **September 21, 2018 at 5:00 p.m.**

Applications will not be accepted after this time. Email application and attachments to [LUHFoundation@centura.org](mailto:LUHFoundation@centura.org). Applicants will be notified of the Scholarship Committee's decision no later than **October 31, 2018.**

## SCHOLARSHIP APPLICATION PROCEDURE

Read the Scholarship application carefully to familiarize yourself with its requirements. It is your responsibility to submit a completed application. If you have questions or concerns regarding this process, please call the Longmont United Hospital Foundation office, (303) 485-4190.

## SCHOLARSHIP APPLICATION REQUIREMENTS

- 1) Completed Scholarship Application Form.
- 2) Copy of acceptance letter of admission into school or program, in your field of study, by an accredited institution.
- 3) Documented tuition cost.
- 4) School transcripts scanned and attached to application or sent directly to the LUH Foundation.
- 5) Two letters of reference. Use personal reference forms provided with this application. It is your responsibility to ensure that reference letters are received by the Foundation office prior to the application deadline.

**Email completed application and attachments to [LUHFoundation@centura.org](mailto:LUHFoundation@centura.org)**

## DURATION OF SCHOLARSHIP

Scholarships will be awarded on an annual basis. They may be renewed by the Scholarship Committee providing: The recipient requests a continuation, in writing, by submitting a "Request for Scholarship Continuation" application. These may be obtained by contacting Shirley at the LUH Foundation Office. [shirleylemmex@centura.org](mailto:shirleylemmex@centura.org)

## AWARD PROCEDURE

\*A scholarship award will consist of tuition assistance only. This does not include room, board or incidental expenses.

\*Payments will be made directly to your academic institution. Funds not used or tuition costs not incurred in the applicant's field of study, as stated on their application, must be returned to the Foundation.

\*It is the responsibility of the scholarship recipient to notify the Longmont United Hospital Foundation of any changes in their educational endeavors during the period for which their scholarship has been awarded.

\*Scholarship payment will not be granted for the recipient to repeat coursework for which payment has already been made.

**The Scholarship Committee reserves the right to review the application guidelines at any time and modify them as needed.**

# LONGMONT UNITED HOSPITAL FOUNDATION

## HEALTHCARE CAREER SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_ Day time phone # \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Have you been accepted into the program in your healthcare field at an institution accredited in your field of study? Yes \_\_\_ No \_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Date of anticipated Graduation : \_\_\_\_\_ Degree/certification you are pursuing: \_\_\_\_\_

Please attach a copy of your acceptance document.

Summarize your tuition costs in the space below for the next academic year only (In addition, we must have complete documentation from your institution of these costs in your application packet):

Are you currently receiving any financial support from other sources? Yes \_\_\_ No \_\_\_  
(Please include all sources i.e.: Pell Grants, scholarships, family support, etc.)  
If yes, what is the source of that support and how much are you receiving?

# HEALTHCARE CAREER SCHOLARSHIP APPLICANT

## Personal Information Form

(use the back of this page for additional space)

Name \_\_\_\_\_

Professional Objective

Job and Volunteer Experience and Dates of Service (starting with most recent)

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Education - Please include your school transcripts with your application.

Dates:	School:	City/ST	Degree/Certification
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Personal interests/hobbies

Special Accomplishments/Awards/Achievements

# HEALTHCARE CAREER SCHOLARSHIP APPLICANT

## Personal Information Form

(use the back of this page for additional space)

Scholarship Applicant's Name \_\_\_\_\_

In outline form, please highlight your education plan for a healthcare career in your field of study. Include your goals and time frame for completion of your studies.

Please explain, as succinctly as possible, why you feel you should be considered for a scholarship. Make sure to include any extenuating circumstances about your situation which you feel the Scholarship Committee should be aware of in helping them make their decision.

STATEMENT: I certify that the information given by me in this application is correct. Furthermore, I understand that if I am awarded a scholarship, I may be liable to the Longmont United Hospital (LUH) Foundation for repayment in full if it has been determined that any false information was knowingly presented on my application. I understand that the intent of the LUH Foundation Scholarship Program is to award scholarships only to those pursuing a career in healthcare. If my field of study changes or I am no longer enrolled in my program or institution as stated on my application, during the time for which I received scholarship funds, it is my responsibility to notify the LUH Foundation immediately. I also understand that the LUH Foundation Scholarship Review Committee have sole discretion in deciding how the scholarship funds will be disbursed. My signature verifies that I have read and agree to the terms and conditions of the scholarship application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_