

Longmont United Hospital
FOUNDATION

Leading. Giving. Caring.



LUH Foundation Healthcare Career Scholarships

**Ray Lanyon Fund Elevations Credit Union Scholarship Rita Hoaglund Scholarship
Howard and Alice Hess Memorial Scholarship Al Straub Memorial Scholarship
LUH Volunteers Scholarship Longs Peak Emergency Physicians Scholarship**

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

IMPORTANT

For applicants not currently working at LUH, 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 they are unsure how the following requirement affects their eligibility. Contact Shirley at 303-485-4190 or 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 dropped off or mailed to Longmont United Hospital Foundation, 1950 Mountain View Avenue, Longmont, CO 80501 by September 6, 2019 at 5:00 p.m.

Applications will not be accepted after this time. Applicants will be notified of the Scholarship Committee’s decision no later than October 1, 2019.

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 provide with this application. It is your responsibility to ensure that reference letters are received by the Foundation office prior to the application deadline.

DURATION OF SCHOLARSHIP

Scholarships will be awarded on an annual basis and may be renewed by the Scholarship Committee. The student must apply using the Continuation Scholarship Application. Students can only receive ONE Healthcare Career scholarship per calendar year. Applications may be obtained by contacting Shirley at the LUH Foundation office - 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 for tuition costs 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 cost 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? List other important factors which you would be relevant to your financial support.

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) Highlight LUH employment and volunteer participation.

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 |
|--------|---------|---------|----------------------|
|--------|---------|---------|----------------------|

Personal interests/hobbies

Special Accomplishments/Community Involvement and Hospital Participation

LUH Foundation iCount Contributor - yes _____ no _____

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 the Scholarship Review Committee has 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: _____