

**LAKE CHELAN COMMUNITY HOSPITAL FOUNDATION
SCHOLARSHIP COMMITTEE
P. O. BOX 1911; CHELAN, WA 98816
Phone (509) 682-6125; email: foundation@lcch.net**

COLLEGE SCHOLARSHIP APPLICATION

Thank you for your interest in the Harold and Edna Bragg Scholarship Fund, which is administered by the Lake Chelan Community Hospital Foundation scholarship committee. Scholarships are awarded on a "funds available" policy for education in a healthcare field at colleges, universities and technical schools. Continuing education workshops, seminars, programs and special courses are also considered. (Please use appropriate application.)

Please use the checklist provided to assure your application is complete before it is submitted to the committee.

The next deadline for application to be considered is April 15, 2009.

CHECKLIST FOR LCCH FOUNDATION EDUCATIONAL SCHOLARSHIP

NAME _____ DATE _____

- ___ 1. APPLICATION IS COMPLETE & LEGIBLE
- ___ 2. APPLICANT HAS BEEN WORKING OR LIVING IN LAKE CHELAN VALLEY FOR A MINIMUM OF ONE YEAR.
- ___ 3. APPLICANT PLANS TO ATTEND CERTIFIED SCHOOL or PROGRAM
- ___ 4. DESCRIPTION OF CLASS/COURSE INCLUDED WITH COST BREAKDOWN
- ___ 5. MOST RECENT TRANSCRIPT OF GRADES ATTACHED.
- ___ 6. SATISFACTORY COLLEGE LEVEL G.P.A. MAINTAINED.
- ___ 7. CURRENT LETTERS OF RECOMMENDATION INCLUDED FROM TWO PEOPLE (Signed and dated)

Received at LCCH Foundation office:

By _____ Date _____

LAKE CHELAN COMMUNITY HOSPITAL FOUNDATION HAROLD AND EDNA BRAGG COLLEGE SCHOLARSHIP FUND

The Harold and Edna Bragg Scholarship Funds are provided by income derived from initial capital investments made at the request of Edna Bragg. These were in an endowment to the Foundation in 1992 during the "Commitment to Caring" campaign and in a bequest in her will after her death in 1995.

The funds are provided to residents of the Lake Chelan area who are undertaking education for careers in healthcare related areas and for the continuing education of healthcare professionals. Recipients will be chosen on merit, need and qualifications upon application.

I. ELIGIBILITY REQUIREMENTS

Applicants:

- 1) Must have been a citizen of the Lake Chelan area for at least one year.
- 2) Must plan to attend a class or training certified by the Lake Chelan Community Hospital, a professional certification agency and/or the State of Washington.
- 3) Must submit school/course/class description and cost breakdown.
- 4) Must submit latest appropriate transcript of grades, i.e. H.S. or College
- 5) Must maintain satisfactory grades at college level.
- 6) Must have two signed and dated letters of recommendation.

II. USE OF FUNDS

Funds are ordinarily awarded for tuition only. In some cases funds may be issued for other purposes, but should always be used as specified by committee.

III. PROCEDURES

1) Submit completed application and any other required materials to the Lake Chelan Community Hospital Foundation office, P. O. Box 1911, Chelan 98816.

2) The Scholarship committee will ordinarily screen and review all applications and make selections. The committee reserves the right to reject any or all applications based on qualifications, purpose or availability of scholarship funds. Partial scholarships may be given. Applicants may re-apply for scholarships at appropriate intervals.

3) The Scholarship committee, upon selection of recipients, will authorize the Foundation treasurer to write a check for the dollar amount of the scholarship to be applied in the manner approved. Scholarship funds will be sent directly to appropriate school unless otherwise approved by the committee. A copy of grades must be submitted to the Foundation office at the end of each term.

4) Scholarship recipient will be notified of acceptance in writing. If the scholarship applicant does not attend the school named in the application, funds must be returned to the Foundation. A student may be reconsidered for a scholarship at a future date.

5) Announcement of scholarship winners will be made public after the Foundation Board has been notified. Awardees are asked to provide a current photo for inclusion in press releases.

For more information email: foundation@lcch.com

(2009)

LAKE CHELAN COMMUNITY HOSPITAL FOUNDATION
GENERAL COLLEGE SCHOLARSHIP APPLICATION

NAME _____ SS # _____ or school I.D. _____

ADDRESS _____

Email address: _____

DATE OF BIRTH _____ HOME PH. _____ WORK /CELL PH. _____

LENGTH OF RESIDENCE IN LAKE CHELAN AREA? _____

PARENTS/SPOUSE/GUARDIAN (If dependent) _____

NAME and ADDRESS OF SCHOOL YOU PLAN TO ATTEND:

MAJOR COURSE OF STUDY _____

HAVE YOU BEEN ACCEPTED? yes _____ no _____

YEAR TO BE ENROLLED? (1st, 2nd, 3rd, 4th, Post-Graduate, etc.) _____

TRAINING EXPENSES:

Tuition \$ _____ Per (Class) (Quarter) (Semester) (Year) **circle one**

Number of credit hours enrolled per term _____

Cost of Lab Fees \$ _____ Cost of Books \$ _____ Other fees \$ _____

Other (describe) _____

FINANCIAL INFORMATION PERTINENT TO EDUCATIONAL GOALS:

(Scholarships, grants, savings, family or employer help, financial responsibilities, etc.)

I AM CURRENTLY ATTENDING _____

MY MAJOR COURSE OF STUDY IS: _____

EDUCATIONAL BACKGROUND:

School	location	dates	field of study/degree	GPA
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ARE YOU CURRENTLY EMPLOYED _____ EMPLOYER _____

HOURS WORKING PER WEEK _____

DO YOU PLAN TO CONTINUE WORKING WHILE IN SCHOOL _____

EMPLOYMENT HISTORY: (please list latest employer first)

Employer	Address	Responsibilities	dates
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