

A renewable \$1,000 scholarship gifted in two annual \$500 sums.

Application Deadline: April 15th of each year

Eligibility Requirements

- · Applicants must be accepted in an accredited school of higher education which offers an Associate of Science or Arts Degree (or higher) in a healthcare field as stated below.
- · Applicants must pursue studies in medicine, nursing, healthcare administration, pharmacy studies, medical technology, medical records, x-ray technology, dentistry, dental hygiene, occupational health, occupational therapy, speech therapy, physical therapy, respiratory therapy, medical social work or psychology.
- Applicants must be residents of Lake County, Minnesota, at the time of application and award.

First Name	Middle	Last		Phone	
					. <u>-</u> .
Address		City		State	Zip
Email		Name of Parents/Gua	ardians		
Education In	formation				
Name and Location of High School				Year of Graduation	GPA
I have been accepte	ed to the following colleg	e/university	-		
			College/University A	ddress	
Anticipated Major/Minor Date Class Begins			How do you plan to pay for college? (List \$ or %) Paid by Student		Paid by Student
otal Projected Annual Cost of College			Paid by Family	Other Scholarships	Grants/Student Aid
Number of Parents and/or Siblings currently attending college			Student Loans	Other	Total
Employment	/Community In	volvement	•		
Are you currently employed? Yes No			Employer/Position Held		
Past Employer(s)/Po	osition(s) Held				
Community/Volunteer Activities			Student and/or Community Leadership Roles		
Awards or Special F	Recognitions				
			_	_	

Important:

On a separate sheet, describe in 300 words or less, how you would define your career goals. Please include at least one letter of recommendation.

Please mail the completed form to:

Kathy Heimbach The Victory Fund 130 West Superior Street, Suite 700 Duluth, MN 55802