

**HELEN LAIDLAW FOUNDATION**

Scholarship Application  
<http://helenlaidlawfoundation.com>

This scholarship is intended for students who will train toward a career in a health care field. The scholarship will be directed primarily toward students from Northeastern Michigan, with secondary emphasis on students from the State of Michigan. Application is due by April 1.

(PLEASE TYPE)

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

1. Name: \_\_\_\_\_  
(Last) (First) (M.I.)

2. Address: \_\_\_\_\_  
(Street Number and Name)  
\_\_\_\_\_  
(City) (State) (Zip Code)

3. Email Address: \_\_\_\_\_

May we use this email address for important communications with you? Yes [ ] No [ ]

4. Telephone: (\_\_\_\_) \_\_\_\_\_

5. Male [ ] Female [ ] Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen? Yes [ ] No [ ]

6. Name of Parents (or guardian): \_\_\_\_\_

Address (if other than #2): \_\_\_\_\_  
(Street Number and Name)

\_\_\_\_\_  
(City) (State) (Zip Code)

7. High School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

8. Type of School: Public [ ] Private [ ] Parochial [ ] Date of Graduation \_\_\_\_\_

9. Graduating class size: \_\_\_\_ Position in class: \_\_\_\_ A.C.T. Score \_\_\_\_ Cumulative GPA \_\_\_\_\_

10. # of people in family \_\_\_\_ # of children \_\_\_\_ # of children living at home \_\_\_\_\_

# attending college (do not include yourself) \_\_\_\_\_

11. The college and the address at which you have been accepted \_\_\_\_\_
  12. The approximate annual costs at that college. \_\_\_\_\_
  13. Name the curriculum that you have been accepted for or that you intend to major in:
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II. SEPARATELY, PLEASE INCLUDE THE FOLLOWING:

1. If you have graduated from high school and have work experience, please submit your work resume.
2. List any school activities, such as student council, school paper, NHS, school yearbook, band, athletics, etc., in which you have been involved.
3. List personal, local, state or national awards and honors you have received.
4. List any community activities, such as scouting, church organizations, hospital volunteer work, etc., in which you have been involved.
5. Please write a separate narrative about yourself. What are your career goals and what made you choose that career path?
6. Please list other scholarships, grants or tuition reimbursements you will receive, including the amount to be received. Also include any additional scholarships for which you have applied.
7. Please include an official transcript of your high school scholastics, listing your ACT score and cumulative GPA. The ACT score is required for all applicants regardless of college requirements.
8. If attending college, please submit your most recent official transcript.
9. Please submit at least two letters of recommendation, including one from your school and one from a non-relative (i.e., employer, community leader, etc.) If you have been out of school for several years, one of these letters must be from a work-related source.
10. Submit a complete copy of your Student Aid Report (SAR), not a copy of your financial aid application. The SAR is received from the College Board several weeks after the financial aid application is received. This information is required to determine financial need.

APPLICANT SIGNATURE:

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that if I am awarded a scholarship, the Helen Laidlaw Foundation has permission to use my Social Security Number for communications with colleges.

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

