HELEN LAIDLAW FOUNDATION
Scholarship Reapplication
http://helenlaidlawfoundation.com

(PLEASE TYPE)

1. Name: _____
(Last) (First) (M.I.)

2. Address: _____
(Street Number and Name)

_____
(City) (State) (Zip Code)

3. Telephone: (____)_____ 4. Date of Birth: _____

4. Email address:_____

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

5. Name and Address of College you will be attending:

_____

6. Curriculum Enrolled:_____ 7. Annual Costs: _____

8. # of people in family _____ # of children _____ #of children living at home _____

attending college (do not include yourself) _____

Separately, please include the following:

9. List your educational goals and expected date of graduation.
10. Include a personal narrative defining the impact of this scholarship on your ability to continue your education and your current goals in your healthcare curriculum.
11. List other scholarships, loans, tuition reimbursements, etc., you will be receiving or for which you have applied.
12. Include an **official copy** of your most recent college transcript (this does not include a semester grade report).
13. Include a complete copy of your current Student Aid Report (SAR).
14. Application should be mailed to: **Helen Laidlaw Foundation, 314 Newman St., East Tawas, MI 48730**

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.

_____ _____
Signature Date