



**Covenant HealthCare Foundation
Scholarships Application**

Scholarships awarded include:

- Covenant HealthCare Foundation (2) \$2,000 awards*
- The Dr. Robert M. Heavenrich Healthcare Scholarship (2) \$2,000 awards*
- The Covenant HealthCare Volunteers' Scholarship (2) \$2,000 awards**

Eligibility Criteria

Covenant HealthCare Foundation will award six (6) non-renewable scholarships to graduating seniors currently attending a Saginaw, Bay, Tuscola, Arenac, Huron, Sanilac, Gratiot or Midland County high school. Applicants must have a 3.75 GPA or above (4.0 scale) and be pursuing an undergraduate degree in the human medical sciences or a field directly related to the health care industry at an accredited college or university for the academic year beginning Fall 2020.

**For the Covenant HealthCare Volunteers' Scholarship, priority will be given to applicants who have volunteered in a health related field.*

Application Information

Application should be type written as much as possible. Completed application should include a copy of your high school transcript, a copy showing either your composite ACT score or SAT score, two (2) recommendations, and must be submitted by **February 28, 2020**. Please mail to:

Scholarship Committee
Covenant HealthCare Foundation
1447 North Harrison
Saginaw, MI 48602-9911

Applicant Information:

Name _____

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email Address _____

Parents' or Guardians' Name _____

High School currently attending _____

Non-Weighted GPA (4.0 Scale) _____ Composite ACT Score _____ SAT Score _____

Colleges or Universities to which you have applied:

Application status:

- 1. _____ City _____ () Accepted () Pending
- 2. _____ City _____ () Accepted () Pending
- 3. _____ City _____ () Accepted () Pending
- 4. _____ City _____ () Accepted () Pending

Proposed course of study: _____

Please list any scholarships, grants or loans you have been awarded:

- _____ Amount _____
- _____ Amount _____
- _____ Amount _____
- _____ Amount _____

Academic Awards and School Involvement:

List academic awards first and school involvement second (clubs, organizations, sports, etc.) over the last three (3) years. This may include awards, honors received, offices held and number of years or hours involved.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

If needed, please attach additional **(typed)** sheet.

Paid Work Experience:

List **paid** work experience. Indicate year(s) and hours involved.

- 1. _____ Hours/Years _____
- 2. _____ Hours/Years _____
- 3. _____ Hours/Years _____
- 4. _____ Hours/Years _____
- 5. _____ Hours/Years _____

If needed, please attach additional (**typed**) sheet.

Volunteer and Community Involvement:

List volunteer work and areas where you have been involved in the community and the amount of time.

- 1. _____ Hours/Years _____
- 2. _____ Hours/Years _____
- 3. _____ Hours/Years _____
- 4. _____ Hours/Years _____
- 5. _____ Hours/Years _____

If needed, please attach additional (**typed**) sheet.

Personal Goals:

Please provide a **typed, attached statement** outlining your reasons for your choice of academic study and your future career objectives. (Minimum of 300 words.)

Certification

I hereby affirm that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the Covenant HealthCare Foundation's Scholarships are awarded and will inform the Foundation of any change in my eligibility.

Student's signature

Parent or Guardian's signature

Date

Date

Application must be postmarked by February 28, 2020.

To ensure that your application is considered, please include:

1. Completed and signed application
2. Two (2) completed personal recommendations
3. Copy of most current high school transcript
4. Composite ACT score or SAT score

Please forward to:

**Scholarship Committee
Covenant HealthCare Foundation
1447 North Harrison
Saginaw, MI 48602-9911
989.583.7603**

COVENANT HEALTHCARE FOUNDATION
Scholarship Application
Personal Recommendations

To the Applicant

All scholarship applications must be accompanied by two recommendations.

- One recommendation must be completed by a teacher, school counselor, administrator or supervisor.
- The other recommendation should be completed by a non-family member who can reply from personal experience and knowledge about your character, achievements and abilities.

For Recommender Completion

How long have you known the applicant? _____

In what capacity? _____

Describe what you consider to be the characteristic strengths or talents of the applicant?
(350 words or less)

Recommender's Signature _____ Date _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Email Address _____

Applicants must submit personal recommendations as a part of the total scholarship application package.

If needed, please attach additional (typed) sheet.

Please return this recommendation to the applicant. It may be sealed in an envelope.

Thank you.

COVENANT HEALTHCARE FOUNDATION
Scholarship Application
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Thank you.