

Long Trust HealthCare Scholarship
Becker and Norman County Residents
Scholarship Re-Application Form
(for use by those who have received this award in the past)

Application Deadline: January 15th

Send to: D. L. Area Community Foundation **(Do Not return to City Hall)**

P.O. Box 1340,
Detroit Lakes, MN 56502-1340

NAME _____

Last

First

Middle

ADDRESS _____

Street

City

State

Zip

e-mail _____ Phone _____

DATE OF BIRTH _____ SEX _____ MARITAL STATUS _____

LENGTH OF RESIDENCY OF SELF OR FAMILY IN BECKER OR NORMAN CO.? _____

(or within a thirty mile radius of Detroit Lakes or Ada)

Please give the school, and program enrolled in, to which this scholarship would apply:

(A sealed, official transcript of your grade records and your GPA from the Registrar's Office of the school you are attending is required.)

SCHOOL _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PROGRAM/COURSE NAME _____ GPA _____

How long will this course take? _____

What is the date of your expected completion of it? _____

Itemize your yearly educational expenses (tuition, living expenses, books, etc.)

List your yearly sources of financial income/aid and the amounts committed (scholarships, loans, personal resources.)

REFERENCES: Please attach one letter of recommendation from a current academic source.

NAME POSITION ADDRESS PHONE

1. _____

I certify that all information on this application is accurate and complete.

Signed _____ Date _____

These scholarships are administered through the Detroit Lakes Area Community Foundation Advisory Board which is a subsidiary of the West Central Initiative Fund, 1000 Western Avenue, Fergus Falls, MN 56537.