



Dear Scholarship & Award/Loan Applicants:

Thank you for your interest in the *Scholarship & Award/Loan Program*. The attached brochure will provide specific information regarding the application process and the types of scholarships and awards/loans available. Applicants may apply for more than one scholarship or award/loan.

Applicants are required to provide the following completed forms and documents. The forms are available online or from the La Porte Hospital Foundation office.

- Completed *Scholarship & Award/Loan Program Application Form*
- All high school transcripts (after 2000)
Responsibility for submitting all necessary transcripts rests with the applicant.
- All college transcripts (if applicable)
Responsibility for submitting all necessary transcripts rests with the applicant.
- M.C.A.T. scores (for Kepler applicants only)
- Two completed *Scholarship & Award/Loan Program Recommendation Forms* are required. It is mandatory that one form be completed from an academic source if you are currently attending school. A reference from an employer or a professional associate is acceptable. All individuals filling out a recommendation form on your behalf should mail or email it directly to the La Porte Hospital Foundation office.

Completed forms and documents, as outlined above, must be returned by **March 19, 2010** to the La Porte Hospital Foundation office (late or incomplete forms and documents will not be considered). Please contact the La Porte Hospital Foundation office with questions.

La Porte Hospital Foundation
P.O. Box 250
La Porte, IN 46352-0250
email: laportehospitalfoundation@lph.org
website: www.laportehospitalfoundation.org/foundation/scholarships
phone: (219) 326-2471 or toll free (877) 265-4539

2010 SCHOLARSHIP & AWARD/LOAN PROGRAM



 **La PORTE REGIONAL
HEALTH SYSTEM**

A Clarian Health Partner

SCHOLARSHIPS

Persons eligible for scholarships must meet one of the following criteria:

- A resident of the LRHS service area, which serves a broad area of Northwest Indiana, bordered in general by the Porter County line to the west, Lake Michigan and Warren Woods Rd. in Michigan to the north, Hwy. 31 to the east and Hwy. 110 to the south.
- A current employee or child of an employee of LRHS including La Porte Regional Physician Network and Starke Memorial Hospital, a La Porte Hospital Auxiliary member, a volunteer or enrollee in training institutions affiliated with or directly related to LRHS.

LA PORTE HOSPITAL AUXILIARY

Students must be in their freshman or sophomore year and be enrolled in a healthcare program at an accredited school.

Auxiliary Scholarship

- \$750 is available to students who are applying for the first time.
- Renewals of \$1,000 are available for students applying for a second year, based on satisfactory academic progress and on need.
- An additional \$750 is funded by an Auxiliary member for a student enrolled in a healthcare program.

Harold and Marcy Bowen Scholarship

- \$500 is funded by the Bowen family in memory of Harold and Marcy Bowen.

Door Prairie Painters Scholarship

- Funded by the Door Prairie Painters Christmas project.
- Amount varies based on money raised.

Walter Hrankaj Scholarship

- \$1,000 is funded by Walter Hrankaj.
- Nursing students are given first consideration and physical, speech and occupational therapy students are given second consideration.

LA PORTE HOSPITAL FOUNDATION

Richard M. Sisson Scholarship

- \$1,000 in memory of Richard Sisson is funded by the Sisson family.
- Students must be enrolled in a nursing program.

Kemp Family Scholarship

- \$1,500 in honor of Gladys Kemp, a retired nurse of La Porte Hospital, is funded by the Art and Carol Kemp family.
- Applicants must be third or fourth year students enrolled in a Bachelor of Nursing program.

Elizabeth & Eugene Siefker Scholarship

- \$500 in honor of Elizabeth Siefker and in memory of Eugene Siefker is funded by Scott and Kim Siefker.
- Students must be enrolled in a healthcare program.

Foundation Scholarship

- Available to undergraduate juniors, seniors or fifth-year students in degrees requiring five years of study in any healthcare program.
- Amount determined by the Scholarship Committee.

AWARDS / LOANS

LA PORTE REGIONAL HEALTH SYSTEM CRITICAL OCCUPATIONS AWARD/LOAN PROGRAM

LRHS provides an award/loan to a student pursuing a career in the following occupations.

- * Medical Laboratory Tech/Medical Technologist
 - * Nursing, BS degrees
 - * Occupational Therapy
 - * Physical Therapy
 - * Speech Therapy
- Applicants must be in their final year of training.
 - Up to \$10,000 may be used for tuition, books and room and board. Student must provide the school financial statement before receiving award/loan.
 - This award/loan requires the recipient to join the LRHS staff upon graduation and remain a full-time employee for a minimum of two full years.
 - Failure to fulfill this requirement will require repayment of the award/loan with interest, as established by the promissory note signed by the student.

LA PORTE HOSPITAL FOUNDATION KEPLER AWARD/LOAN PROGRAM

The Kepler Award/Loan was established to honor Robert W. Kepler, MD, an outstanding La Porte area family physician and La Porte Hospital Foundation leader.

- \$15,000 to an exceptional student studying to become a physician.
- Student must have been accepted into a medical school accredited in conjunction with the American Medical Association or the American Osteopathic Association.
- Renewals are available for up to five years and \$75,000 for any one individual.
- This award/loan is made with the expectation that upon graduation or completion of residency, the recipient will establish a medical practice in the LRHS service area and become a member of the LRHS medical staff. The requirement is one year of practice in return for each Kepler Award received.
- Failure to fulfill this requirement will require repayment of the award/loan with interest, as established by the promissory note signed by the student.

LA PORTE HOSPITAL RUMELY AWARD

The Rumely Award is an ongoing memorial to Dr. Rumely, who were educational leaders.

- Up to \$6,000 per year, determined by the board of trustees one school year.
- Student must be a member of an accredited health care organization.
- Student must be in their final year in preparation for a health care field directly related to the award.
- This award is made with the expectation that upon graduation or completion of residency, the recipient will establish a medical practice in the LRHS service area and become a member of the LRHS medical staff. The requirement is one year of practice in return for each Rumely Award received.
- Failure to fulfill this requirement will require repayment of the award/loan with interest, as established by the promissory note signed by the student.
- Recipient may be required to provide a promissory note signed by the student.

SCHOLARSHIPS

LA PORTE HOSPITAL FOUNDATION MAGNUSON SCHOLARSHIP

The Magnuson Scholarship was established with a bequest from Dr. John E. & Lillian R. Magnuson. Dr. Magnuson was a dentist in the La Porte community and Lillian was a board member and Honorary Life member of the La Porte Hospital Foundation.

- Available to a LRHS employee seeking an advanced degree in a healthcare program.
- Amount established by the Scholarship Committee.
- Recipient may apply for an additional year.



Since 1982, La Porte Regional Health System (LRHS), the La Porte Hospital Foundation and the La Porte Hospital Auxiliary have sponsored scholarships and awards/loans to provide financial assistance to students pursuing healthcare careers.

In 2009, over \$101,822 was distributed to 43 students pursuing healthcare careers.

Information on applications and required documents may be obtained from the following:

- La Porte Hospital Foundation
- School counselor

Applications/required documents must be postmarked by March 19, 2010 for consideration.

Interviews may be required.
Semi-finalists will be notified of their status.
Final selections will be announced in June 2010.

La Porte Hospital Foundation
1007 Lincolnway, P.O. Box 250
La Porte, IN 46352-0252
(219) 326-2471 or toll free (877) 265-4539
laportehospitalfoundation@lph.org
www.laportehealth.org/foundation/scholarships





Scholarship & Award/Loan Program Application Form

Check all scholarships/awards/loans that you are applying for:

La Porte Hospital Auxiliary

- Auxiliary Scholarship
- Bowen Scholarship
- Door Prairie Painters Scholarship
- Hrankaj Scholarship

La Porte Regional Health System

- Critical Occupations Award/Loan Program

La Porte Hospital Foundation

- Foundation Scholarship
- Kemp Family Scholarship
- Kepler Award/Loan Program
- Magnuson Scholarship
- Rumely Award/Loan Program
- Siefker Scholarship
- Sisson Scholarship

PLEASE PRINT OR TYPE:

1. Full name _____
Last Name First Middle

2. Permanent Address _____
Number & Street City & State Zip
 Telephone _____ Email _____
(Area Code) Number

3. Current Mailing Address _____
Number & Street City & State Zip
 Telephone _____ Current Mailing Address Effective Until _____
(Area Code) Number

5. Date of Birth _____ Citizenship _____
Month / Day / Year Country

6. Father's Name _____ Occupation _____
Last Name First
 Father's Address _____
(if different from above) Number & Street City & State Zip

7. Mother's Name _____ Occupation _____
Last Name First
 Mother's Address _____
(if different from above) Number & Street City & State Zip

8. Are you married? If yes...
 Spouse's Name _____
Last Name First Middle
 Spouse's Occupation _____

9. Dependents (children's ages) _____

10. What is your anticipated degree? _____

11. For what healthcare career are you preparing? _____

12. College you will attend in the 2010/2011 academic year _____

13. In the fall of 2010, you will enter college as a: Fresh. Soph. Jr. Sr. Other _____

Continued



Scholarship & Award/Loan Program Recommendation Form

Thank you for taking the time to complete the *Scholarship & Award/Loan Program Recommendation Form*. Please answer the question below being specific and candid. The insight you provide will be an important factor in the applicant's evaluation. Your comments will be available only to those individuals involved in our scholarship process and will not be viewed by the applicant.

Please complete the form and return to the La Porte Hospital Foundation via mail or email by March 19, 2010.

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Name of applicant: _____

Name of individual completing form: _____

Position /Title: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

How long you have known the applicant: _____

Under what circumstances have you known the applicant: _____

Please discuss the applicant's most outstanding talents/characteristics and chief liabilities/weaknesses related to a successful academic and healthcare career? (Please attach additional pages if needed.)

Signature

Date

**MUST BE RETURNED BY
MARCH 19, 2010**



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