

**La Porte Hospital Foundation**

*P.O. Box 250*

*La Porte, Indiana 46352-0250*

**Scholarships and Award/Loan Programs:**

La Porte Hospital Auxiliary Scholarship  
La Porte Hospital Auxiliary Door Prairie Painters Scholarship  
La Porte Hospital Auxiliary Bowen Scholarship  
La Porte Hospital Foundation Scholarship  
La Porte Hospital Foundation Sisson Scholarship  
La Porte Hospital Foundation Siefker Scholarship  
La Porte Hospital Foundation Magnuson Scholarship  
La Porte Hospital Foundation Kemp Family Scholarship  
La Porte Hospital Foundation Rumely Award/Loan Program  
La Porte Hospital Foundation Kepler Award/Loan Program  
La Porte Regional Health System Critical Occupations Award/Loan Program

## LETTER TO APPLICANTS

Thank you for your interest in our Scholarship and Award/Loan Program(s). The attached brochure will provide specific information regarding the application process and the types of scholarships or loans included in the La Porte Regional Health System Scholarship and Award/Loan Program. Applicants may apply for more than one scholarship or award/loan.

Applicants are expected to provide the following completed forms and documents:  
(Incomplete application packets **will not** be considered)

- Completed application form and attachments (application also available on-line: [www.laportehhealth.org](http://www.laportehhealth.org))**
- All high school transcripts (only graduates after 1999)
- All college transcripts
- M.C.A.T. scores (for Kepler Award only)

Two completed La Porte Regional Health System Scholarship recommendation forms are required; it is **mandatory** that one recommendation be from an academic source. A reference from an employer or a professional associate is acceptable for the second recommendation. All individuals filling out a recommendation form on your behalf should mail or E-mail it directly to the La Porte Hospital Foundation office. ([laportehospitalfoundation@lph.org](mailto:laportehospitalfoundation@lph.org))

Responsibility for submitting all necessary transcripts rests with the applicant. Completed scholarship applications should be returned by March 27, 2009 to the La Porte Hospital Foundation office at:

La Porte Hospital Foundation  
P.O. Box 250  
La Porte, IN 46352-0250

If you have questions, E-mail [laportehospitalfoundation@lph.org](mailto:laportehospitalfoundation@lph.org) or call the La Porte Hospital Foundation office at (219) 326-2471 or toll free (877) 265-4539.

2009

Scholarships & Loan Program



LaPORTE  
REGIONAL  
HEALTH SYSTEM  
A Clarian Health Partner

# SCHOLARSHIPS

Persons eligible for all scholarships must be:

- a resident of the LRHS service area, which is defined as La Porte County, southeast Berrien County (Michigan), eastern St. Joseph County communities of New Carlisle and Walkerton, and northern Starke County  
or
- a current LRHS employee, a child of an LRHS employee, La Porte Hospital Auxiliary member, volunteer or enrollees in training institutions affiliated with or directly related to LRHS.

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## La Porte Hospital Auxiliary

*Students must be in their freshman or sophomore year and be enrolled in a health career field at an accredited school.*

### La Porte Hospital Auxiliary Scholarship

- Several awards of \$750 are available to students who are applying for the first time.
- Several renewals of \$1,000 are available for students applying for a second year, based on satisfactory academic progress and on need.

### Harold and Marcy Bowen Scholarship

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

### Door Prairie Painters Scholarship

- This scholarship is funded by the Door Prairie Painters Christmas project.
- Scholarship amount varies based on results of fundraiser

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## La Porte Hospital Foundation

### Richard M. Sisson Scholarship

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

### Kemp Family Scholarship

- This \$1,500 scholarship is in honor of Gladys Kemp, a retired nurse at La Porte Hospital. It is funded by the Art and Carol Kemp family.
- Student must be enrolled in the third or fourth year nursing BS degree.

### Elizabeth & Eugene Siefker Scholarship

- This \$500 scholarship is in honor of Elizabeth Siefker and in memory of Eugene Siefker. It is funded by Scott and Kim Siefker.
- Student must be enrolled in a health career field.

### La Porte Hospital Foundation Scholarship

- This scholarship available to undergraduate juniors, seniors, or fifth year students in degrees requiring five (5) years of study, in any healthcare program.
- The amount is determined by the LPHF Scholarship Committee.

# AWARDS/LOAN PROGRAM

## La Porte Regional Health System Critical Occupations Award/Loan Program

*La Porte Regional Health System grants awards to students pursuing careers in occupations that have been deemed as critical shortage areas at the hospital. These areas currently are:*

- Diagnostic Imaging Technologist
- Nursing, B.S. degree
- Physical Therapist
- Registered Pharmacist
- Registered Respiratory Therapist
- Applicants must be in their final year of training.
- The award/loan amount may be up to \$10,000 and may be used for tuition, books, room and board. Student must provide the school financial statement before receiving award/loan.
- This award requires a recipient to join the La Porte Regional Health System 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 loan with interest, as established by the promissory note signed by the student.

## La Porte Hospital Foundation Kepler Award/Loan Program

*This award was created to honor Robert W. Kepler, MD, an outstanding La Porte area family physician and La Porte Hospital Foundation leader.*

- An award of \$15,000 is made 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.
- A maximum support of up to \$75,000 is allowed for any one individual.
- This award is made with the expectation that upon graduation or completion of residency, the recipient will establish a medical practice in the La Porte Regional Health System service area and become a member of La Porte Hospital 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 loan with interest as established by the promissory note signed by the student.

## La Porte Hospital Foundation Rumely Memorial Award/Loan Program

*The Rumely Memorial Award/Loan Program was established as an ongoing memorial to the late A. J. and Frances Rumely, who were community, healthcare, and educational leaders.*

- Up to \$6,000 per year – values will be determined by the amount of tuition due for one school year. Student must be enrolled full-time in an accredited health-related academic program.
- Student must be entering the Junior or Senior year in preparation for a health care career in fields directly employed by La Porte Regional Health System.
- The requirement is one-year full-time employment for each award received in a position appropriate to the earned degree.
- Recipients may apply for an additional year.
- This award is made with the expectation that, upon graduation, the recipient will accept employment at La Porte Regional Health System. Student signs a promissory note upon acceptance of the award/loan.
- The award becomes a loan if recipient declines job offer and immediately repays the loan with interest.
- Failure to fulfill this requirement will require repayment of the loan with interest as established by the promissory note signed by the student.



1007 Lincolnway, La Porte, IN 46352-0250

[www.laportethealth.org](http://www.laportethealth.org)

# SCHOLARSHIP

## *La Porte Hospital Foundation Magnuson Scholarship*

*The Magnuson Award 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.*

- Awards are available to LRHS employees seeking an advanced degree in health care.
- Applicant must currently be a La Porte Regional Health System employee.
- Amount of awards will be established by the scholarship committee.
- Recipients may apply for an additional year.



Since 1982, La Porte Regional Health System, the La Porte Hospital Foundation, and the La Porte Hospital Auxiliary have sponsored scholarships and award/loan programs to provide financial assistance to students pursuing careers in health science occupations. Through these scholarships, area students are encouraged to pursue health careers as they plan their future goals.

In 2008, over \$62,000 was awarded to 41 students pursuing careers in healthcare.

Applications may be obtained from the following sources:

- Your school counselor
- On-line at [www.laportehhealth.org](http://www.laportehhealth.org)
- The La Porte Hospital Foundation office
- Call or fax the Foundation office:  
Ph: (219) 326-2471  
Toll free: (877) 265-4539  
Fax: (219) 326-2609
- E-mail:  
[laportehospitalfoundation@lph.org](mailto:laportehospitalfoundation@lph.org)

Applications **must** be postmarked by  
March 27, 2009, for consideration

Semi-finalists will be notified of their status, after which they may be interviewed by the Scholarship Committees of each sponsoring group. Interviews may be required. The final selections will be announced in June 2009.

# Application for La Porte Regional Health System Scholarship/Award/Loan Program

Application also available on-line: [www.laportehhealth.org](http://www.laportehhealth.org)

Check the scholarship(s) and/or award(s) you are applying for:

- La Porte Hospital Auxiliary Scholarship
- La Porte Hospital Auxiliary Door Prairie Painters Scholarship
- La Porte Hospital Auxiliary Bowen Scholarship
- La Porte Hospital Foundation Scholarship
- La Porte Hospital Foundation Sisson Scholarship
- La Porte Hospital Foundation Siefker Scholarship
- La Porte Hospital Foundation Magnuson Scholarship
- La Porte Hospital Foundation Kemp Family Scholarship
- La Porte Hospital Foundation Rumely Award/Loan Program
- La Porte Hospital Foundation Kepler Award/Loan Program
- La Porte Hospital Regional Health System Critical Occupations Award/Loan Program



FOR OFFICE USE ONLY

PLEASE PRINT OR TYPE:

1. Name in full \_\_\_\_\_  
Last Name First Middle

2. Permanent Address \_\_\_\_\_  
Number & Street City & State Zip

Telephone \_\_\_\_\_ E-mail Address (if applicable) \_\_\_\_\_ Home \_\_\_ Work \_\_\_ School \_\_\_  
(Area Code) Number

3. Current Mailing Address \_\_\_\_\_  
Number & Street City & State Zip

Telephone \_\_\_\_\_ Current Mailing Address Effective Until \_\_\_\_\_ E-mail \_\_\_\_\_  
(Area Code) Number

4. Social Security Number \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
Month / Day / Year Country

6. Father's Name \_\_\_\_\_  
Last Name First Middle

Father's Address \_\_\_\_\_  
(if different from above) Number & Street City & State Zip

Telephone \_\_\_\_\_ Father's Occupation \_\_\_\_\_  
(Area Code) Number

7. Mother's Name \_\_\_\_\_  
Last Name First Middle

Mother's Address \_\_\_\_\_  
(if different from above) Number & Street City & State Zip

Telephone \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
(Area Code) Number

8. Are you married? If yes...  
Spouse's Name \_\_\_\_\_  
Last Name First Middle

Address \_\_\_\_\_  
(if different from above) Number & Street City & State Zip

Telephone \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
(Area Code) Number

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 Fall 2009 \_\_\_\_\_

13. In the fall of 2009, you will enter college as a:  Fresh.  Soph.  Jr.  Sr.  Other \_\_\_\_\_

14. When do you expect to graduate (month & year)? \_\_\_\_\_
15. Are you presently receiving any financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give source(s) \_\_\_\_\_
16. Do you have an educational loan at present? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Are you employed during the school year and/or vacation? Yes \_\_\_\_\_ No \_\_\_\_\_ Employer(s) \_\_\_\_\_  
Address(es) \_\_\_\_\_  
Number of hours/week \_\_\_\_\_
18. Have you ever been employed by La Porte Hospital, La Porte Regional Health System, or La Porte Regional Physician Network?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, dates of employment: from \_\_\_\_\_ to \_\_\_\_\_
19. Do you have any relatives currently employed by La Porte Hospital, La Porte Regional Health System, or La Porte Regional Physician Network?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please name \_\_\_\_\_
20. Are you or have you been a hospital volunteer or VolunTeen? Yes \_\_\_\_\_ (Area \_\_\_\_\_ Years \_\_\_\_\_) No \_\_\_\_\_
21. Annual estimated cost of: Room & Board \_\_\_\_\_ Tuition \_\_\_\_\_ Books \_\_\_\_\_
22. Number of other immediate family members enrolled in college for the coming year \_\_\_\_\_
23. Approximate income sources which will finance the academic year for which you are requesting scholarship assistance.
- Anticipated income from summer employment \$ \_\_\_\_\_
  - Anticipated income from employment during school year \$ \_\_\_\_\_
  - Provided by parent or guardian \$ \_\_\_\_\_
  - College Fund or savings \$ \_\_\_\_\_
  - Grants or scholarships \$ \_\_\_\_\_ From \_\_\_\_\_
  - Loans \$ \_\_\_\_\_
  - Other \$ \_\_\_\_\_
24. List any previous La Porte Regional Health System, La Porte Hospital, Foundation, or Auxiliary Scholarships you have received, please note year and type \_\_\_\_\_
25. From what high school or preparatory school did you graduate? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Year graduated \_\_\_\_\_
26. Please list all colleges/universities attended and degrees earned:  
\_\_\_\_\_  
\_\_\_\_\_
27. List extra-curricular activities (including volunteer involvement) in which you have participated, indicating any offices held: (attach another sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
28. Please **attach** one page answering the following questions: (computer-generated or typewritten please)
- What influenced your choice of a healthcare profession?
  - Please describe any future career plans you are considering.

**I certify that all statements I have submitted in this application are correct and complete.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Please return by March 27, 2009 to:*  
**La Porte Hospital Foundation**  
**P. O. Box 250**  
**La Porte, Indiana 46352-0250**

**ENCLOSURE CHECKLIST— BE SURE TO SEND THE FOLLOWING:**

- Completed Application
- Answers to # 28a, 28b
- High School Transcripts (Graduates after 1999 only)
- College Transcripts (if applicable)
- M.C.A.T. Scores (Kepler applicants only)
- Two recommendation letters (May be sent separately)



## La Porte Regional Health System Scholarship/Award/Loan Program Recommendation Form

Name of Applicant \_\_\_\_\_

### To the individual completing this form:

The above person has applied to the La Porte Regional Health System for a scholarship. Please answer the questions below. Please be specific and candid in your responses, particularly noting initiative, maturity and purposefulness. The insight you provide will be an important factor in applicant 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, place it in the envelope provided and mail to:**

La Porte Hospital Foundation  
P.O. Box 250  
La Porte, IN 46352-0250

For your convenience, you may choose to E-mail this reference as an attachment to: [laportehospitalfoundation@lph.org](mailto:laportehospitalfoundation@lph.org)

Name of individual completing form \_\_\_\_\_

Position /Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

How long you have known the applicant? \_\_\_\_\_

Under what circumstances have you known the applicant? \_\_\_\_\_

What do you consider to be the applicant's most outstanding talents or characteristics?

What do you feel are the applicant's chief liabilities or weaknesses in regard to completing an academic program and having a successful career in a healthcare profession?

**MUST BE RETURNED BY MARCH 27, 2009**