



ICHC SCHOLARSHIP  
PO BOX 300, 113 4<sup>TH</sup> AVENUE  
SHELL LAKE, WI 54871-0300  
Phone: 715-468-7833 Fax: 715-468-7303

**APPLICATION DEADLINE:** May 1, 2010 (12 - Noon)

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**QUALIFICATION:**

1. Application must exhibit a sincere desire to pursue a career in the health related field.
2. Applicant must be accepted in a health career program beyond the secondary level.
3. In order to comply with the above requirements, the applicant is required to submit the following to the Shell Lake Guidance Counselor by May 1, 2009 at 12 noon.
  - a. Transcript of high school or college grades.
  - b. Short autobiography to include goals in life and reasons for applying.
  - c. Two (2) letters of reference from former or present employers, teachers, or friends. (Relatives excluded)
  - d. If the applicant is currently enrolled in a post secondary (post high school program) please include one recommendation from an official of the institution.
  - e. Proof of acceptance in a post high school program.
4. Reapplication may be made each successive year.
5. The money may be sent directly to the recipient or to the school of choice in one installment upon proof of completion of one semester.
6. The scholarship is considered a gift and need not be repaid, providing the recipient remains in the health related program for a period of not less than one academic year. (Exception: If the course of study is completed in less than one academic year).
7. In the event that there are several qualified applicants, the scholarship committee reserves the right to divide the scholarship between deserving applicants as they see fit.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_