



SCHOLARSHIP APPLICATION
HIGH SCHOOL SENIOR
WWW.WRHS.COM

Please Check the Boxes of Scholarship(s) you are applying

Lynn Feist Scholarship

Medical Field of Study

Joyce Stippich Memorial Scholarship

Nursing Program Only

Irma Steinmetz Scholarship

Medical Field of Study

Auxiliary Legacy Scholarship

Medical Field of Study

Foundation Scholarship

Medical Field of Study

Name _____ County _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Cell# _____ Email Address _____

Parent/Guardian _____ Address _____

Are you a U.S. Citizen? _____ College/University Attending _____

Intended Major _____

Date of Enrollment _____ Year in School (Fall Semester) _____ Expected Date to Complete Degree _____

Point System

Three areas will be awarded points based on the contents of the application (100 points possible)

- 1) GPA/Academics– (Applicant’s performance in science courses given extra consideration)– Up to 40 points
- 2) Letters of Recommendation and Involvement in School & Community– (Up to 30 points
- 3) Essay - Up to 30 Points

Guidelines for Scholarship:

Please Submit the Following:

- ⇒ Completed Application
- ⇒ Copy of High School/College Transcript
- ⇒ (2) Letters of Recommendation
- ⇒ College Letter of Acceptance
- ⇒ 300 word minimum Essay (Describe your personal, educational and career goals; Why you chose them and how you expect to achieve them. Describe yourself in terms of how you see yourself and how you think others perceive you. Conclude your essay by explaining why you would be a good candidate for this scholarship.)

Please Return this application no later than April 1st to:

Ted Uecker
West River Health Services Foundation
1000 Highway12
Hettinger, ND 58639

Applicants Signature _____ Date _____