

**ST. ELIZABETH'S
COMMUNITY DEVELOPMENT
FOUNDATION**

A MEMBER OF GUNDERSEN HEALTH SYSTEM

Lucille Burrichter Education Fund
\$500 HEALTH CARE SCHOLARSHIP
Application Form

Please complete this application and submit to your guidance counselor no later than **March 10**. Applications received after this date or not fully completed will be ineligible. Awardees will be notified in May and honored at the school's annual awards banquet or commencement program. **Type or print in black ink.**

Date of application: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____ Personal E-mail address: _____

Name of high school you are currently attending: _____

Name of college/technical school you have been accepted to:

Health Care Degree/Program pursuing: _____

Most recent cumulative grade point average (GPA): _____

Employment history (optional): _____

Summary of volunteer/community service experiences: _____

On a separate page, please share your career/professional goals and why you should receive a scholarship. Please type your response. Limit 1 page.

Applicant Signature: _____