TRINITY HEALTH FOUNDATION
IOWA HEALTH SYSTEM

The Lynn Vermeer Youth Development Scholarship
APPLICATION FORM

_____
Scholarship Applicant's Name

_____
Applicant's Address and Phone Number

High School Attended or Currently Attending:

_____
Name

_____
Address

_____
Date of Graduation

_____
Name of Parent/Grandparent currently employed at Trinity Regional Health System

_____
Parent/Grandparent's Address

_____
Parent/Grandparent's Length of Employment with Trinity and Area of Employment i.e. Dept.

Vocational School, College or University that applicant is currently attending or expects to attend

_____
Name

_____
Address

_____
Phone Number

_____
Area of Academic Pursuit

_____
Expected Date of Graduation/Completion

Please attach the following to this form:

1. A brief description of yourself including family, personal interests, achievements, extracurricular school or community volunteer activities, work experience and an explanation of what receiving this scholarship will mean to you. Please also briefly discuss an important event or person in your life who significantly influenced whom you have become. (This essay should be no more than four pages in length, double-spaced)

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2. One copy of your vocational school or college transcript or one copy of your most recent high school transcript if you are not currently enrolled in an institution of higher learning

3. One to two letters of recommendation from persons other than family members

Completed application and attachments should be sent to:

President
Trinity Health Foundation
2121 – 1st Street A
Moline, Ill. 61265

Applications must be **received** at the above address by **Monday, June 17, 2012 at Noon**

Should I be awarded this scholarship, I agree to send a transcript to the Trinity Health Foundation when I have acquired my degree or certification. I also agree to allow Trinity Health Foundation to inform the family of Lynn Vermeer that I am a Vermeer Scholarship recipient.

Signature_____ Date_____