

Laptop Scholarship Application – KHCC

Applicant's Name: _____

Age: _____ Applicant's Grade: _____ G.P.A.: _____

Applicant's Parents Names: _____

Applicant's Home Address:

Applicant's Phone: _____ Email: _____

Extra-Curricular Activities that you are involved in:

Do you Volunteer or have Silver Cord Hours (explain):

Signature: _____ Date: _____

Reference for KHCC Laptop Scholarship

Your Name: _____

Applicant's Name: _____

1. Please explain or describe your relationship to the applicant applying for the KHCC Laptop Scholarship.

2. Please explain the applicant's strengths and weaknesses.

3. Please explain why you feel that the applicant should be chosen as the recipient of the laptop from Keosauqua Health Care Center!

Signature: _____ Date: _____

Keosauqua Health Care Center Laptop Scholarship- Due April 30, 2025

Rules for Eligibility:

1. You must be planning to enter a Healthcare OR Human Service-related field.
2. You must write why you are applying for the scholarship, your goal for the future, and why you should be chosen for the scholarship in 1500 words or less.
3. Please fill out three of the attached references and return with this packet.
4. Must currently be a senior or graduate this current year.

When returning your packet, please submit the following:

1. Your 1500 word or less essay.
2. Your application for the laptop scholarship.
3. Three references from teachers, coaches, or other professional references.

Please return your application to:

Keosauqua Health Care Center
819 Country Lane Road
Keosauqua, IA 52565

Attention: Calla