

MEDICAL MUTUAL SCHOLARSHIP
In Collaboration with Lakeland Community College and Lake Health

In order to address the urgent and increasing need for an educated and skilled healthcare workforce within the immediate communities served in and around Lake County, Medical Mutual Foundation, Lakeland Community College and Lake Health have joined together to create a partnership of excellence to educate the future healthcare professionals of tomorrow and to strengthen the economy and quality of healthcare within Lake and surrounding counties.

Requirements:

- Enrolled in Healthcare degree or certificate program at Lakeland Community College
- Final year of study
- Current overall GPA of 2.5 or greater
- Required commitment to work at Lake Health for agreed upon time period, based on course of study

Course of study enrolled in:

- | | |
|---|--|
| <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Medical Lab Tech | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Occupational Therapy Assistant | |

Please fill in the following information completely and honestly.

_____ Name (as is on student record)		_____ Date of Birth	_____ Student ID #	
_____ Complete mailing address		_____ City	_____ State	_____ ZIP
_____ Primary Phone #	_____ Alternate Phone #	_____ Email Address		

Are you in your final year of study? _____ Current overall GPA: _____ **Amount Requested: \$** _____

Are you currently employed? _____ If yes, name of employer: _____
Length of employment: _____ Current Position: _____

Have you ever received financial assistance from Lake Health or Lake Health Foundation? _____
If yes, when? _____ Dollar amount: _____ For what purpose? _____

Have you ever been employed by Lake Health? _____ If yes, when? _____
Position: _____ Length of time: _____
Reason for leaving: _____

Commitment to employment at Lake Health upon completion of degree or certificate:

- I agree to a minimum of **two years employment for a degree program or one year employment for a certificate program** at Lake Health following program completion. If agreed upon time is not met, I will be required to return scholarship funding on a prorated basis. (For example: I complete 1 ½ years of employment as a nurse. I would be required to pay back 25% of my scholarship amount.)*
- If awarded a scholarship, I agree to participate in a scholarship award ceremony/event.*

Please tell us why you feel you deserve a Medical Mutual Scholarship – 500 words or less:

Please provide the following information. If you are a finalist, we will reach out to your program director for additional information.

_____ Program Instructor Name	_____ Instructor Phone #	_____ Instructor Email Address
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I acknowledge that the information on this application is true and accurate and I give permission for Lakeland to discuss my academics with the scholarship committee.

_____ Signature	_____ Date (mm/dd/yyyy)
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Thank you for your interest in the Medical Mutual Scholarship in collaboration with Lakeland Community College and Lake Health. **Please return the completed form to: Foundation@LakeHealth.org by midnight, Nov. 20, 2020. Call 440.354.1900 with questions.**