

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

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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:

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|--|--|
| <input type="checkbox"/> Certified Tech    | <input type="checkbox"/> Paramedic           |
| <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Radiology Tech      |
| <input type="checkbox"/> Medical Lab Tech  | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Nursing           | <input type="checkbox"/> Surgical Tech       |

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:

- As a recipient of a Lake Health Foundation scholarship, I acknowledge that there is an employment requirement attached to the award; a minimum of **two years employment for a degree program or one year employment for a certificate program**. However, I understand that a scholarship award does not guarantee a position with Lake Health. If there is not a position or if the recipient is not a good match for Lake Health, I will not be required to return the scholarship funding. However, if I do not accept employment or choose to leave employment prior to fulfilling my commitment, I will be required to return scholarship funding on a prorated bases. (For example: I complete 1 ½ years of employment as a nurse. I would be required to pay back 25% of my scholarship amount.)*

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

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Please provide the following information. We may 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](mailto:Foundation@LakeHealth.org) by midnight, Nov. 12, 2021. Call 440.354.1900 with questions.**