

# Longmont United Hospital Foundation

Supporting Outstanding Care at Longmont United Hospital



## Healthcare Career Request for Scholarship Continuation

Please read the following information carefully.

- Complete the application and attach supporting documentation as required.

### Important

These scholarships are made with the expectation that upon completion of their education, students will continue to work, or apply for and accept employment, at Longmont United Hospital in their field of study. If there is not a position available, there is no repayment required.

### PERSONAL

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYMENT

Current Employer: \_\_\_\_\_ In Healthcare Field? Yes No

Current Position \_\_\_\_\_

Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### EDUCATION:

Institution Attending: \_\_\_\_\_ Program/Degree Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

### SUPPORTING DOCUMENTATION: (Please attach copies of the following)

GPA/Transcripts, All Financial Aid Documentation including any tuition reimbursement and two references.

### FINANCIAL INFORMATION

1. List amount of scholarship funds received to date from LUH Foundation. Amount \_\_\_\_\_

2. Are you receiving other financial aid or reimbursements? \_\_\_ Source \_\_\_\_\_ Amount \_\_\_\_\_

3. Are you receiving tuition reimbursement? Amount \_\_\_\_\_

### PROJECTED EXPENSES (for the next academic year)

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Please provide updated information regarding any healthcare related work experience you would like us to know about. Include any LUH committee participation, projects and community involvement.

Please outline your education plan for a healthcare career in your field of student—goals and time frame.

List other important factors which you feel would be relevant to your application for financial assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Award decisions are made solely at the discretion of the LUH Foundation Scholarship Committee and are final.**

Please return by **April 1, 2022** to  
Longmont United Hospital Foundation  
via email to [luhfoundation@centura.org](mailto:luhfoundation@centura.org)  
or to 1950 Mountain View Avenue  
Longmont, CO 80501