

LAKE CHELAN HEALTH & WELLNESS FOUNDATION
SCHOLARSHIP COMMITTEE
P. O. BOX 1911; CHELAN, WA 98816
Phone (509) 682-6125; email: foundation@LCHHealthWellness.com
COLLEGE SCHOLARSHIP APPLICATION

Thank you for your interest in the Harold and Edna Bragg Healthcare Education Scholarship Fund, which is administered by the Lake Chelan Health & Wellness Foundation. Scholarships are awarded on a "funds available" policy for education in a healthcare field at colleges, universities and technical schools in the U.S. Continuing education workshops, seminars, programs and special courses are also considered. (Please use appropriate continuing education application.) Advanced degrees (beyond B.S.) will be considered for Online studies on an individual basis, including deadlines and monies available.

Please use the checklist provided to assure your application is complete before it is submitted to the scholarship committee.

The next deadline for application to be considered is March 31, 2024

CHECKLIST FOR HAROLD & EDNA BRAGG HEALTHCARE EDUCATION SCHOLARSHIP
ADMINISTERED BY LAKE CHELAN HEALTH & WELLNESS FOUNDATION

NAME _____ DATE _____

- ___ 1. APPLICATION IS COMPLETE & LEGIBLE
- ___ 2. APPLICANT HAS BEEN WORKING OR LIVING IN LAKE CHELAN VALLEY FOR A MINIMUM OF ONE YEAR or IS A GRADUATE OF CHELAN OR MANSON HS
- ___ 3. APPLICANT PLANS TO ATTEND A **SCHOOL IN THE U.S.**
- ___ 4. DESCRIPTION OF COURSE IS INCLUDED WITH COST BREAKDOWN
- ___ 5. MOST RECENT TRANSCRIPT OF GRADES IS ATTACHED. COPY O.K.
- ___ 6. SATISFACTORY COLLEGE LEVEL G.P.A. IS MAINTAINED.
- ___ 7. CURRENT LETTERS OF RECOMMENDATION ARE INCLUDED FROM TWO PEOPLE (**Signed and dated**)

Received at LCH&W Foundation office:

By _____ Date _____



**LAKE CHELAN HEALTH & WELLNESS FOUNDATION
HAROLD & EDNA BRAGG COLLEGE HEALTHCARE EDUCATION SCHOLARSHIP FUND**

The Harold and Edna Bragg Healthcare Education Scholarship Funds are provided by income derived from a bequest made to the Foundation by Edna in her will in 1995.

The funds are provided to community members of the Lake Chelan area who are undertaking education for careers in healthcare related areas and for the continuing education of healthcare professionals. Recipients will be chosen on merit, need and qualifications upon application.

I. ELIGIBILITY REQUIREMENTS

Applicants:

- 1) Must have lived or worked in the Lake Chelan area for at least one year or graduated from Chelan or Manson high school
- 2) Must plan to attend a class or training in the U.S. certified by the Lake Chelan Community Hospital, a professional certification agency and/or the State of Washington.
- 3) Must submit school/course/class description and cost breakdown.
- 4) Must submit latest appropriate transcript of grades, i.e. H.S. or College
- 5) Must maintain satisfactory grades at the college level.
- 6) Must have two signed and dated letters of recommendation.

II. USE OF FUNDS

Funds are ordinarily awarded for tuition or registration only. In some cases funds may be issued for other purposes, but should always be used as specified by the committee.

III. PROCEDURES

- 1) Submit a completed application and any other required documents to the Lake Chelan Health & Wellness Foundation, P. O. Box 1911, Chelan, 98816.
- 2) The Scholarship committee will ordinarily screen and review all applications and make selections. The committee reserves the right to reject any or all applications based on qualifications, purpose or availability of scholarship funds. Partial scholarships may be given. Applicants may re-apply for scholarships at appropriate intervals.
- 3) The Scholarship committee, upon selection of recipients, will authorize the Foundation to write a check for the dollar amount of the scholarship to be applied in the manner approved. Scholarship funds will be sent directly to appropriate school unless otherwise approved by the committee. A copy of grades must be submitted to the Foundation office at the end of each term. These may be emailed to foundation@LChealthwellness.com.
- 4) Scholarship recipient will be notified of acceptance in writing. If the scholarship applicant does not attend the school named in the application, funds must be returned to the Foundation. A student may be reconsidered for a scholarship at a future date.
- 5) Announcement of scholarship winners will be made public after the Foundation Board has been notified.

(2024)

**LAKE CHELAN HEALTH & WELLNESS FOUNDATION
GENERAL COLLEGE SCHOLARSHIP APPLICATION**

NAME _____ **SS # or school I.D.** _____

ADDRESS _____

Email address: _____

DATE OF BIRTH _____ **HOME PH.** _____ **WORK /CELL PH.** _____

LENGTH OF RESIDENCE IN LAKE CHELAN AREA? _____

PARENTS/SPOUSE/GUARDIAN (If dependent) _____

NAME and ADDRESS OF SCHOOL YOU PLAN TO ATTEND:

MAJOR COURSE OF STUDY _____

HAVE YOU BEEN ACCEPTED? yes _____ no _____

YEAR TO BE ENROLLED? (1st, 2nd, 3rd, 4th, Post-Graduate, etc.) _____

TRAINING EXPENSES:

Tuition \$ _____ Per (Class) (Quarter) (Semester) (Year) **circle one**

Number of credit hours enrolled per term _____

Cost of Lab Fees \$ _____ Cost of Books \$ _____ Other fees \$ _____

Other (describe) _____

FINANCIAL INFORMATION PERTINENT TO EDUCATIONAL GOALS:

(Scholarships, grants, savings, family or employer help, financial responsibilities, etc.) _____

SCHOOL CURRENTLY ATTENDING _____

MAJOR COURSE OF STUDY: _____

EDUCATIONAL BACKGROUND:

School	location	dates	field of study/degree	GPA
_____	_____	_____	_____	_____

ARE YOU CURRENTLY EMPLOYED _____ **EMPLOYER** _____

HOURS WORKING PER WEEK _____

EMPLOYMENT HISTORY: (please list latest employer first)

Employer	Address	Responsibilities	dates
_____	_____	_____	_____

LCHW FOUNDATION GENERAL SCHOLARSHIP APPLICATION, cont.

LIST YOUR CAREER GOALS AND HOW THIS COURSE/PROGRAM RELATES TO YOUR GOALS AND TO HEALTHCARE.

ARE YOU AVAILABLE FOR A PERSONAL INTERVIEW? YES _____ NO _____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THIS APPLICATION WILL NOT BE CONSIDERED FOR REVIEW UNLESS IT IS SIGNED AND DATED. I ALSO UNDERSTAND THAT NO MATERIALS WILL BE RETURNED.

SIGNATURE _____ DATE _____

Please submit application with all required documents to:

**LCHW Foundation Scholarship Committee
P. O. Box 1911
Chelan, WA 98816**