



SCHOLARSHIP APPLICATION

(Please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____

Social Security Number: _____

Have you ever been convicted of a misdemeanor or felony since your 16th birthday?
Yes _____ No _____

Do you have the legal right to work in the United States? Yes _____ No _____

Are you or an immediate family member employed at LVHHN?
Yes _____ No _____

If yes, name _____

Date of Expected Graduation: _____

Please attach to this form:

1. A copy of transcripts from your most current school
2. Two letters of recommendation (preferably from clinical advisors)
3. A one-page essay describing why you deserve a scholarship. Direct comments toward your motivation, leadership, and academic accomplishments. Describe special talents and special, creative, or challenging activities that you have initiated.

Signature _____ **Date** _____

Please complete and return to:
Terry Lipp
Rehabilitation Services
1243 S. Cedar Crest Blvd. Lower Level
Allentown, PA 18103
610.402.2227