



1. Applicant must be:
 - a. A resident of Hood County and/or Pecan Plantation or current employee of LGMC.
 - b. Pursuing a career in the health care field.
 - c. Able to demonstrate financial need.
 - d. Aware that preference will be given to those who have completed one year of college.
2. Applicant must complete the attached application and return the application and all requested documentation by April 15, 2014. Incomplete applications and failing to submit requested documentation will invalidate the process.
3. Applicant is subject to a personal interview.
4. The applicant chosen to receive the award will be notified by the Scholarship Committee.
5. A scholarship of \$1500.00 (\$750.00 per semester) will be paid directly to the institution you will be attending. It is to be used in a fall, spring, or summer semester.
6. A copy of grades will be required before money for the 2nd semester is issued. Failing grades will automatically cancel the remainder of the scholarship. A recipient is expected to maintain a "C" average in order to receive funds.
7. Recipient will be asked to speak to the Auxiliary once during the year
8. Should the recipient fail to complete the semester covered by the award, the recipient shall be required to repay LGMCA the amount awarded. A signed agreement will be required at the time the scholarship is granted.
9. The applicant should be enrolling as a full-time student in an accredited University (12 hours is considered to be full-time.)

Documentation Required: To be considered a viable applicant, it is vital that all documentation be turned in at one time.

1. Official application
2. A letter stating the reason you are applying for the scholarship and the goals you have set.
3. Three (3) letters of recommendation (preferably from employer, teacher, and personal friend.)
4. Current photograph
5. Copy of driver's license

Seal all the above in an envelope marked "Scholarship Committee" and return to the LGMC Gift Shop or mail to:

**LGMC Auxiliary
C/O Scholarship Committee
1310 Paluxy Road
Granbury, TX 76048**



LIMITED TO STUDENTS ENROLLED OR PLANNING TO ENROLL AS A FULL-TIME STUDENT IN A HEALTH CARE FIELD – **DEADLINE IS APRIL 15, 2014**

Application _____ Photo _____ Letter _____ Recommendations _____ DL _____

Name _____

Address _____ City / Zip _____

Telephone _____ SS# _____

Age _____ Date of Birth _____ U.S. Citizen _____

Marital Status () Single () Married () Divorced () Widowed

Education _____ Year Graduated _____

If high school student, please give SAT Scores _____

College or Institute you are attending or plan to attend: _____

Address _____

Classification _____ GPA _____

Degree or Program you plan to pursue _____

List your most recent extra-curricular and/or community activities _____

Financial need is a determining factor in selecting candidates for scholarship. *This information will be kept in strict confidence.* Please list the income of the responsible party (s) as listed on last year's tax return.

___ \$0 - \$50,000 ___ \$50,000 - \$75,000 ___ \$75,000 - \$100,000 ___ Above \$100,000

Are you currently receiving financial aid in the form of scholarships, student loans or grants? _____ If yes, please explain: _____

Signature _____ Date _____