



**Covenant HealthCare Foundation  
Scholarship Application for a  
Legal Dependent of a Covenant HealthCare Employee**

**Scholarships awarded:**

*Covenant HealthCare Foundation (4) \$2,000 awards*

**Eligibility Criteria**

Covenant HealthCare Foundation will award four (4) non-renewable scholarships to graduating seniors currently attending accredited high schools who are **legal dependents of a current Covenant HealthCare employee**. Applicants must have a 3.50 GPA or above (4.0 scale) and intend to pursue an undergraduate, academic degree in any curriculum at an accredited college or university by Fall 2024.

**Definitions**

A current Covenant HealthCare employee is defined by Covenant and the IRS as receiving compensation from Covenant HealthCare between January 1, 2024 and May 31, 2024. (Will receive a W-2 form for this time period.)

A legal dependent is defined by IRS rulings.

**Application Information**

Applications should be type written as much as possible. *Completed application should include a copy of your high school transcript, a copy showing either your composite ACT score **or** SAT score, two (2) recommendations, and must be submitted by **February 23, 2024**.* Please mail to:

Scholarship Committee  
Covenant HealthCare Foundation  
1447 North Harrison  
Saginaw, MI 48602-9911

**Applicant Information:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Covenant** Employee Parent(s) or Guardian(s) Name \_\_\_\_\_

High School currently attending \_\_\_\_\_

**Non-Weighted GPA** (4.0 Scale) \_\_\_\_\_ **Composite ACT Score** \_\_\_\_\_ **SAT Score** \_\_\_\_\_

**Colleges or Universities to which you have applied:      Application status:**

- 1. \_\_\_\_\_ City \_\_\_\_\_      ( ) Accepted ( ) Pending
- 2. \_\_\_\_\_ City \_\_\_\_\_      ( ) Accepted ( ) Pending
- 3. \_\_\_\_\_ City \_\_\_\_\_      ( ) Accepted ( ) Pending
- 4. \_\_\_\_\_ City \_\_\_\_\_      ( ) Accepted ( ) Pending

**Proposed course of study:** \_\_\_\_\_

**Please list any scholarships, grants or loans you have been awarded:**

- \_\_\_\_\_ Amount \_\_\_\_\_
- \_\_\_\_\_ Amount \_\_\_\_\_
- \_\_\_\_\_ Amount \_\_\_\_\_
- \_\_\_\_\_ Amount \_\_\_\_\_

**Academic Awards and School Involvement:**

List academic awards first and school involvement second (clubs, organizations, sports, etc.) over the last three (3) years. This may include awards, honors received, offices held and number of years or hours involved.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

If needed, please attach additional **(typed)** sheet.

### **Paid Work Experience:**

List **paid** work experience. Indicate year(s) and hours involved.

1. \_\_\_\_\_ Hours/Years \_\_\_\_\_
2. \_\_\_\_\_ Hours/Years \_\_\_\_\_
3. \_\_\_\_\_ Hours/Years \_\_\_\_\_
4. \_\_\_\_\_ Hours/Years \_\_\_\_\_
5. \_\_\_\_\_ Hours/Years \_\_\_\_\_

If needed, please attach additional (**typed**) sheet.

### **Volunteer and Community Involvement:**

List volunteer work and areas where you have been involved in the community and the amount of time.

1. \_\_\_\_\_ Hours/Years \_\_\_\_\_
2. \_\_\_\_\_ Hours/Years \_\_\_\_\_
3. \_\_\_\_\_ Hours/Years \_\_\_\_\_
4. \_\_\_\_\_ Hours/Years \_\_\_\_\_
5. \_\_\_\_\_ Hours/Years \_\_\_\_\_

If needed, please attach additional (**typed**) sheet.

### **Personal Goals:**

Please provide a **typed, attached statement** outlining your reasons for your choice of academic study and your future career objectives. (Minimum of 300 words.)

## Certification

I hereby affirm that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the Covenant HealthCare Legal Dependent Scholarship is awarded and will inform the Foundation of any change in my eligibility.

\_\_\_\_\_  
*Student's signature*

\_\_\_\_\_  
*Parent or Guardian's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**Application must be postmarked by February 23, 2024.**

**To ensure that your application is considered, please include in one packet:**

1. Completed and signed application
2. Two (2) completed personal recommendations
3. Copy of most current high school transcript
4. Composite ACT score or SAT score

**Please forward to:**

**Scholarship Committee  
Covenant HealthCare Foundation  
1447 North Harrison  
Saginaw, MI 48602-9911  
989.583.7603**

COVENANT HEALTHCARE FOUNDATION  
Scholarship Application  
Personal Recommendations

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**To the Applicant**

All scholarship applications must be accompanied by two recommendations.

- One recommendation must be completed by a teacher, school counselor, administrator or supervisor.
- The other recommendation should be completed by a non-family member who can reply from personal experience and knowledge about your character, achievements and abilities.

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**For Recommender Completion**

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Describe what you consider to be the characteristic strengths or talents of the applicant?  
(350 words or less)

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\_\_\_\_\_  
Recommender's Signature

\_\_\_\_\_  
Date

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Applicants must submit personal recommendations as a part of the total scholarship application package.

**If needed, please attach additional (typed) sheet.**

**Please return this recommendation to the applicant. It may be sealed in an envelope.**

*Thank you.*