



70 Market Street • Manchester, NH 03101 • Phone: 603-647-2174 • Fax: 603-647-2175

LNA Health Careers
2023-2024 PHLEBOTOMY EDUCATION SCHOLARSHIP FUND
APPLICATION FORM
Print Edition

Deadline: This application form and all other required documentation must be received by December 31st, 2023 (5:00 p.m. eastern time). Mail to: 70 Market St. Manchester, NH 03101. Questions? Call (603) 647-2174 (9 a.m. – 4 p.m. weekdays) or e-mail: AlliedHealth@LNAHC.com Website: www.LNAhealthcareers.com.

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. Please initial.

1. ____* I confirm that I fulfill one of the eligibility criteria listed below (attach proof):
 - a. **Low-income**
 - b. **Single parent of a young child**
 - c. **Receiving state benefits (unemployment, EBT, TANF, etc.)**
 - d. **Denied financial aid through an alternate source**
 - e. **Otherwise disadvantaged**
2. ____* Age 16 or older
3. ____* I live in the state of New Hampshire.
4. ____* I hold a high school diploma or GED.
5. ____* If chosen for a scholarship, I will satisfactorily complete the course and apply for employment in the related field upon graduation. (employment verification to be submitted timely to LNAHC)
6. ____* Should I fail (academic or attendance), withdraw, or not provide employment verification (within 3 months of program completion), I am responsible for full tuition payback to LNA Health Careers. (non-payment will be sent to collections)

7. *Name:

- a. First name*-- Middle name(s) -- Last name*:

8. *Home address: The Phlebotomy Scholarship Program is restricted to residents of New Hampshire.

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

8. *Primary telephone: (_____) _____



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9. E-mail: _____

10. *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

11. *What high school did you attend?

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

GPA?: _____

12. *What certification(s) are you pursuing: _____

13. *Desired schedule start date (check our course schedule online): _____

14. List any postsecondary institutions you have attended:

19a. Name: _____
City: _____ State: _____ Years: _____

19b. Name: _____
City: _____ State: _____ Years: _____

15. *The Essay:

What does the scholarship committee need to know about you in 300-500 words? The committee members will be especially interested in these points:

- Why would you benefit from this scholarship opportunity?
- What inspired you to choose phlebotomy as your career path?
- What are your 5-year career goals?

Attach your essay to this form. The essay is limited to no more than 500 words.

Recommendation: Carefully proof your essay and know that well-done short essays are admired.

16. *Certification Statement:

By signing below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____