INVESTING IN GROWTH • NEW IDEAS • TRAINING • EDUCATION

$500 TUITION SCHOLARSHIP

ABOUT THE AWARD LHA IGNITE Scholarship provides a one-time $500 tuition credit to a selected new student. It is offered twice each year at participating Larock Healthcare Academy campuses, with applications reviewed by an independent selection committee.

1 APPLICANT INFORMATION

FULL NAME _____ **DATE** _____

PHONE NUMBER _____ **EMAIL ADDRESS** _____

CITY / STATE _____ **PREFERRED START DATE** _____

CAMPUS APPLYING TO ☐ Canton ☐ Cleveland ☐ Columbus ☐ Florence

PROGRAM OF INTEREST _____

2 WHY LAROCK?

Why did you choose Larock Healthcare Academy for your education and career training?

_____

_____

_____

How did you first hear about Larock Healthcare Academy?

☐ Google / Online Search
☐ Social Media
☐ Friend or Family Referral
☐ Current or Former Student
☐ Employer
☐ Community / Workforce Agency
☐ School Event or Career Fair
☐ Other: _____

3 SCHOLARSHIP ESSAY

Essay Instructions: Please submit a thoughtful response of approximately 250–500 words. You may type your essay on a separate page and attach it to this application.

ESSAY PROMPT
Describe why you want to pursue a career in healthcare, your future career goals, and how receiving the LHA IGNITE Scholarship would help you achieve those goals.

4 APPLICANT CERTIFICATION

By signing below, I certify that the information provided in this application is complete and accurate. I understand that the LHA IGNITE Scholarship is a one-time $500 tuition credit, has no cash value, and will be applied directly to my Larock Healthcare Academy student account if I am selected. I understand that submission of an application does not guarantee an award and that recipients are selected through the established review process.

APPLICANT SIGNATURE _____ **DATE** _____

5 FOR OFFICE USE ONLY

APPLICATION RECEIVED BY _____ **DATE RECEIVED** _____

COMMITTEE DECISION _____ **DECISION DATE** _____

Notes from rep: