

**LAKE CHELAN COMMUNITY HOSPITAL FOUNDATION  
HAROLD AND EDNA BRAGG HEALTHCARE EDUCATION SCHOLARSHIP  
CONTINUING EDUCATION**

(Do not use this form for college credit classes.)

The Harold and Edna Bragg Scholarship Funds are provided by income derived from initial capital investments made at the request of Edna Bragg. These were in an endowment to the Foundation in 1992 during the "Commitment to Caring" campaign and in a bequest in her will after her death in 1995.

Continuing education funds are provided to a resident or employee in the Lake Chelan area continuing their education as a healthcare professional. This application is to be completed for workshops, seminars, conferences or a course that enhances the applicant's healthcare education/career. No money is available for retroactive funding. All applications must be turned in before classes begin, preferably six-weeks prior to the event. Checks are ordinarily made to the education provider unless other arrangements are made.

**I. ELIGIBILITY REQUIREMENTS FOR CONTINUING EDUCATION FUNDS**

Applicants:

- 1) Must live or work in the Lake Chelan area.
- 2) Must plan to attend an accredited class or training certified by the Lake Chelan Community Hospital, a professional certification agency and/or Washington State.
- 3) Must submit a course description and cost breakdown. Please include a copy of registration form with application.
- 4) Must provide written, signed and dated recommendation from supervisor (or other appropriate person if applicant is unemployed).

**II. USE OF FUNDS**

Funds awarded are usually for registration fees.

In some cases, other expenses may be allowed at the discretion of the scholarship committee or availability of funds.

**III. PROCEDURES**

- 1) Submit completed application and any other required materials to the Lake Chelan Community Hospital Foundation office, P. O. Box 1911, Chelan 98816.
- 2) The Scholarship committee will ordinarily screen and review all applications and make selections on a monthly basis. The committee reserves the right to reject any or all applications based on qualifications, purpose or availability of scholarship funds. Partial scholarships may be given. Applicants may re-apply for scholarships at appropriate intervals.
- 3) The Scholarship committee, upon selection of recipients, will authorize the Foundation office to write a check for the dollar amount of the scholarship to be applied in the manner approved. Scholarship funds will be sent directly to appropriate school or course unless otherwise approved by the committee.
  - 4) Scholarship awardees will be notified of acceptance in writing. If the scholarship applicant does not attend the school/course named in the application, funds must be returned to the Foundation.

**LAKE CHELAN COMMUNITY HOSPITAL FOUNDATION  
SCHOLARSHIP COMMITTEE  
P. O. BOX 1911; CHELAN, WA 98816  
Ph. (509) 682-6125, email: [foundation@lcch.net](mailto:foundation@lcch.net)**

**CONTINUING EDUCATION FOR HEALTH CARE**

Thank you for your interest in the Harold and Edna Bragg Scholarship Fund, which is administered by the Lake Chelan Community Hospital Foundation scholarship committee. Scholarships are awarded on a "funds available" policy for education in a health care field. This application is to be used for continuing education workshops, seminars, programs and special courses.

**Ask for the standard application if you are applying for college credit classes.**

Please use the checklist provided to assure your application is complete before being submitted to the committee.

**CHECKLIST FOR LCCH FOUNDATION HEALTHCARE EDUCATION SCHOLARSHIP**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

- \_\_\_ 1. APPLICATION COMPLETE and LEGIBLE
- \_\_\_ 2. WORKING OR LIVING IN LAKE CHELAN VALLEY
- \_\_\_ 3. CERTIFIED COURSE
- \_\_\_ 4. DESCRIPTION OF COURSE WITH COST BREAKDOWN ENCLOSED
- \_\_\_ 5. CURRENT LETTER OF RECOMMENDATION FROM SUPERVISOR OR OTHER APPROPRIATE PERSON (Signed & dated)

Received at LCCH Foundation office:

By \_\_\_\_\_ Date \_\_\_\_\_

Recipients will be chosen on merit, need, qualifications and goals upon application.

**LAKE CHELAN COMMUNITY HOSPITAL FOUNDATION  
CONTINUING EDUCATION SCHOLARSHIP APPLICATION**

(Please print or type, follow directions and sign application.)

NAME \_\_\_\_\_ SS # \_\_\_\_\_

ADDRESS: (Complete Mailing, including ZIP code) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ CELL PHONE \_\_\_\_\_

LENGTH OF RESIDENCE/WORK IN LAKE CHELAN AREA? \_\_\_\_\_

COURSE/PROGRAM YOU PLAN TO TAKE (**NO Acronyms, please**) \_\_\_\_\_

ADMINISTERED BY: (Attach copy of registration form with mailing address) \_\_\_\_\_

DATE & LOCATION OF COURSE/PROGRAM \_\_\_\_\_

# C.E. CREDITS: \_\_\_\_\_ Deadline for registration \_\_\_\_\_

TRAINING/COURSE EXPENSES:

Registration for Program/Course \$ \_\_\_\_\_ Are any meals included? \_\_\_\_\_

Cost of Books \$ \_\_\_\_\_ Other fees \$ \_\_\_\_\_

Other (describe) \_\_\_\_\_

\* HAVE YOU RECEIVED A BRAGG SCHOLARSHIP PREVIOUSLY? \_\_\_\_\_ YEAR? \_\_\_\_\_

EDUCATIONAL BACKGROUND:

School	location	dates	field of study/degree	GPA
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EMPLOYMENT HISTORY: (Most current first)

Employer	Address	Responsibilities	dates
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CURRENT EMPLOYER NAME, ADDRESS & PHONE NUMBER: \_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ CONTRACT \_\_\_\_\_

IS THIS COURSE REQUIRED BY EMPLOYER \_\_\_\_\_yes \_\_\_\_\_no

IS COURSE REQUIRED FOR CERTIFICATION IN YOUR CURRENT JOB \_\_\_\_\_yes \_\_\_\_\_no

**LCCH FOUNDATION CONTINUING EDUCATION SCHOLARSHIP APPLICATION**

WHY ARE YOU APPLYING FOR THESE FUNDS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPLAIN YOUR CAREER GOALS AND HOW THIS COURSE/PROGRAM WILL BENEFIT HEALTH CARE:

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ARE YOU AVAILABLE FOR A PERSONAL INTERVIEW? YES \_\_\_\_\_ NO \_\_\_\_\_

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THIS APPLICATION WILL NOT BE CONSIDERED FOR REVIEW UNLESS IT IS COMPLETE, SIGNED AND DATED. I ALSO UNDERSTAND THAT NO MATERIALS WILL BE RETURNED.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

If scholarship is approved, check is to be payable to myself \_\_\_\_\_ administrator of class \_\_\_\_\_ or other: \_\_\_\_\_ (please specify)

**Please submit application with all required documents to:**  
**LCCH Foundation Scholarship Committee, P. O. Box 1911, Chelan, WA 98816**