

*Madelia*  
**Community**  
Hospital  
*Foundation*

Health Care Scholarship

**Academic Verification**

- **High School Senior:** Have your school Guidance Counselor complete this form.
- **Returning Students:** Fill out application and attach a copy of your high school diploma or transcript.

*Please save this file to your desktop or file storage prior to filling out application.*

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

Madelia Community Hospital Foundation

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