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 2026.

Definitions

A current Covenant HealthCare employee is defined by Covenant and the IRS as receiving compensation from Covenant HealthCare between January 1, 2026 and May 31, 2026. (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 15, 2026**. 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 15, 2026.

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
989-583-7607

Personal Recommendations

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.

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)

_____

_____

_____

_____

_____

_____

_____

_____ _____
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.