

Hannibal Regional Healthcare Careers Scholarship

Endowed by: James & Doris Lierheimer

For over a century, Hannibal Regional Healthcare System has been committed to serving the healthcare needs of our community. With over 1,600 team members and 14 locations, our commitment to our mission and serving our community has remained strong. Our culture and values, built on respect, integrity, service and excellence, resonate through our actions and care delivery. As we look to the future, we take great pride in serving our community, in building the trust we have earned from our community and team, and in continuing our commitment to every patient we serve.

Additionally, we believe that investing in the future of the young people of our community with healthcare interests is vital to continuing our legacy. To that end, Hannibal Regional will be offering two \$750 scholarships to students who are continuing their education at the post-secondary level in a healthcare related field of study.

Requirements for consideration:

1. Applicant must be a permanent resident of Adair, Audrain, Lewis, Linn, Livingston, Macon, Marion, Monroe, Pike, Ralls, Randolph, Schuyler or Shelby counties.
2. Must maintain a GPA of 2.5 or higher (include a copy of current transcript).
3. Students must be attending a community college, university or technical/trade school in a healthcare related field of study.
4. **Application deadline is March 31, 2025.**
5. Application will be reviewed by the Hannibal Regional Foundation Scholarship Committee and the recipient will be notified by mail/email.
6. Funds for the scholarship will be sent directly to the recipient subject to proof of enrollment (submitted to Foundation@hannibalregional.org) for the respective school year.
7. Applicant must demonstrate leadership potential through extracurricular activities and work experience.
8. Please return the completed form to Hannibal Regional Scholarship Committee, PO Box 551, Hannibal, MO 63401 or to Foundation@hannibalregional.org.

I hereby consent that the scholarship selection committee be fully informed as to my class standing, character, and other factors having a bearing on my application for this scholarship.

Signature of Applicant

Date



Hannibal Regional Foundation

PO Box 551, Hannibal, MO 63401

573.629.3577 | Foundation@hannibalregional.org

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Healthcare Careers Scholarship**
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Type or Print Legibly

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____ County: _____

High School: _____

School you plan to attend: _____

Please attach a document to this form providing answers and information requested below:

1. What are your educational and occupational goals?
2. Please describe your school, church and community activities. Please list the activities, number of years you have participated, honors and awards received, and any leadership roles you have served in.
3. Write a brief statement indicating the two activities that are most important to you and explain why.
4. In your own words please address: What special qualities do you possess and why I should be chosen for this scholarship. Also, please share what healthcare means to me and the future of my community. Please limit to 500 words.

Please return the completed form to Hannibal Regional Scholarship Committee, PO Box 551, Hannibal, MO 63401 or to Foundation@hannibalregional.org.



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