

2009 Partners with St. Joseph's Hospital
Scholarship Guidelines for Continuing College Students

Specifications:

1. Applicants must be enrolled or enrolling in a program in a health-related field. The education required to attain this goal must take two years or longer.
2. Scholarship funds must be spent on tuition. Thus to qualify, a student must have at least one year of study remaining to complete a program.
3. Applicants must attend an accredited college in the states of Wisconsin or Minnesota or institutions with local medical program reciprocity.
4. Financial need is considered but not mandatory
5. A student is eligible to receive a scholarship twice.

Application requirements:

1. Completed application on the current year's form only.
2. An **official transcript** of your most recent grades from the registrar's office. **(Failure to provide an OFFICIAL TRANSCRIPT will result in disqualification.)** First year college students should also include a high school transcript. (Failure to provide will not disqualify, but will hinder application).
3. Two current letters of recommendation. At least one letter should be from a teacher.
4. On a separate piece of paper, describe your educational and career objectives including your future goals. Explain why you want to gain further education, how education will help you to meet your goals, and what your plans are once you complete the educational program. Also include any special financial needs. (Please limit essay to one page)
5. All parts of the application should be submitted together.

All applications must be complete and postmarked by February 15, 2009. Applications postmarked after this date will not be considered. Early applications are accepted and encouraged.

Scholarship awards are recommended by the Scholarship Committee and approved by the Partners Board of Directors at its April meeting.

Applications must be postmarked by February 15, 2009 and sent to:

Donna Follen
7580 Hwy 10 East
Marshfield, WI 54449

Any questions please call Donna Follen at 715-486-3009 or email at donna.follen@micorp.com



PARTNERS with
Saint Joseph's Hospital
Marshfield, Wisconsin

2009 College Scholarship Application

Name _____

Home Address _____

City, State, Zip _____

Home Phone Number _____ Cell Phone No. _____

E-Mail Address _____

College Or University _____

Field Of Interest _____

Have you been accepted into the specific program/curriculum for your field of interest?

Yes _____ No _____

Anticipated Annual Costs: Tuition \$ _____ Books/Fees \$ _____ Room \$ _____ Board \$ _____ Total \$ _____

Expected Year Of Graduation _____

Previous Partners Scholarship? Yes (Year) _____ No _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Please use additional sheets as necessary to provide the information requested below.

Work Experience (Please give a detailed account including length of employment and estimated hours worked.)

Community Involvement (i.e. church, civic organizations, scouting, mentoring, tutoring, etc., explain your role in these activities and length of time involved.)

Health Related Experience (volunteer and/or work) Explain your involvement and the amount of time served.

Have you ever been a volunteer at St. Joseph's Hospital? Yes _____ # Hours _____ No _____
Have you ever worked at St Joseph's Hospital? Yes _____ #Hours _____ No _____
If yes please tell us about your experience including dates served.

Extracurricular Activities (School) Please give a detailed account and specify any leadership roles you may have held. Please indicate if activity was in high school or college.

Explanation of Financial Need.

How many persons are dependent on family income?

Adults _____ Children _____ Ages of Children _____

Have you received or applied for other scholarships? Yes _____ No _____

Explain _____

