



Wisconsin Medical Society Foundation

November 24, 2008

UW Eau Claire School of Nursing
105 Garfield Avenue
PO Box 4004
Eau Claire, WI 54702-4004

To help save paper, please email
Eileen.wilson@wismed.org and let us
know if we can send you this
information via email in the future.
Thank you.

Dear Ms. Konz:

The Wisconsin Medical Society Foundation is pleased to offer scholarship opportunities again this year for students pursuing education in medicine, nursing, and in other clinical health care professions. The enclosed yellow page describes the scholarships currently available. Students applying between now and the listed deadline will be considered for scholarships for the 2009-2010 academic year.

Please pass on this information to eligible candidates and encourage them to apply. We especially need your assistance in identifying and informing students eligible for the **Amy Hunter-Wilson, MD, Scholarship**, a fund restricted to American Indian students who are registered members of a federally recognized tribe and who are pursuing education in a health profession.

The following two application forms are enclosed:

- General Scholarship Application
- Amy Hunter-Wilson, MD, Scholarship Application

These applications may be duplicated and distributed as needed. Applications for these funds and other scholarship opportunities are also available at www.wisconsinmedicalsociety.org/foundation.

We are pleased to offer these opportunities and thank you in advance for your assistance in notifying students. Please direct interested students to our Web site or have them contact me toll-free at 866-442-3800 or by email at eileen.wilson@wismed.org with any questions. If you are not the current contact for this information, please let us know so we can update our files. Thank you.

Sincerely,

Eileen M. Wilson
Program Coordinator

Enclosures



Wisconsin Medical Society Foundation

Scholarship Opportunities for 2009-2010 Academic Year

Deadline for the following is February 1, 2009:

Amy Hunter-Wilson, MD, Scholarship: Established by Dr. Hunter-Wilson, this scholarship is available to American Indian students who pursue training or advanced education as doctors of medicine, nurses, or in a related health field. Award amounts vary, generally \$1,000 or more. *(Call or visit our Web site for a special application.)*

Victor A. Baylon, MD, Scholarship: As a lasting tribute to Dr. Baylon, a pathologist from Racine, his family and the laboratory staff of All Saints Healthcare System, Inc. created this scholarship for medical students, medical technologists, and clinical laboratory scientists. Scholarships of \$1,000-\$2,500 are limited to residents from Racine or Milwaukee Counties. *(Call or visit our Web site for special application.)*

Wisconsin Medical Society Presidential Scholar Award: To recognize future medical leaders, this \$3,000 award is available to medical students who will be entering their fourth year next fall and who exemplify the attributes, skills and desire to become a medical leader in Wisconsin. In addition to general scholarship eligibility, applicants must show active involvement with the Wisconsin Medical Society or a County Medical Society. One letter of recommendation must be from a Wisconsin Medical Society member who has worked with the applicant on the Society Board of Directors, a council or task force, or locally as a County Medical Society officer. The applicant's personal statement must highlight activities and ties to Wisconsin. *(Call or visit Web site for a special application.)*

NOTE: Applicants not chosen for this award will automatically be considered for general scholarships in April.

Deadline for the following is April 1, 2009:

General Medical Education Scholarships: Through a variety of funds, the Foundation offers scholarships to students in medical school or who are enrolled in allied health careers with direct patient care and identified as having critical workforce shortages. **Currently, this limits eligibility to medical students, nurses (min. 2-yr. program), respiratory therapists, physical therapists and occupational therapists.** You must have completed or be in the process of completing at least one year in one of the qualified programs listed above. Awards depend on the number of qualified applicants.

Goodman-Goodell Scholarship: Established through an estate gift from Maurice Goodman, Jr., awards from this fund are limited to students who are currently in their second-year of medical school and are from the Portage, Wisconsin and who express an interest in pulmonary medicine or general family practice. To apply, use the General Scholarship Application.

Robert T. Cooney, MD Scholarship: In memory of Robert T. Cooney, MD, past president of the Wisconsin Medical Society Foundation, this \$5,000 scholarship is available to medical students who show strong interest in practicing in rural Wisconsin. To apply, complete the General Scholarship Application and in the personal statement, stress your interest in practicing in rural Wisconsin, ties to a rural community and any past or current activities associated with rural life. For more information on Dr. Cooney, visit www.wisconsinmedicalsociety.org/foundation/make_a_donation/legacies.

Applications are available on our Web site at www.wisconsinmedicalsociety.org/foundation, or contact the Foundation at 866.442.3800, ext. 3722 or email eileen.wilson@wismed.org.



Wisconsin Medical Society Foundation

General Scholarship Application Information and Instructions

Purpose

The mission of the Wisconsin Medical Society Foundation is to advance the health of the people of Wisconsin by supporting medical and health education. The Foundation's Scholarship Program offers support to outstanding medical students and to those pursuing other direct patient care health careers identified as having critical workforce shortages. **Currently, this limits eligibility to medical students, nurses (min. 2-yr. program), respiratory therapists, physical therapists and occupational therapists.**

Eligibility

- You must be a United States citizen.
- You must be a full-time student enrolled in a medical school or in one of the health career programs listed above at an accredited institution in Wisconsin.
- You must have completed or be in the process of completing at least one year of medical school or a qualifying health career program.
- For students pursuing a medical degree, no awards are granted to undergraduate school.
- Preference is given to candidates closer to completing their degree.
- Preference is given to candidates from Wisconsin who are attending school in Wisconsin.
- Preference will also be given to those who demonstrate ties to their community and a desire to practice in Wisconsin upon completing their training.
- There may be additional eligibility and application requirements specific to each scholarship fund. (Visit www.wisconsinmedicalsociety.org/foundation for details.)

Application Deadline

Applications must be received by **April 1** prior to the academic year in which the student wishes to attend.

Selection

Scholarships are recommended by a review committee that evaluates applicants on the following criteria:

- Financial need
- Personal qualities and strengths
- Academic achievement
- Letters of recommendation

Please check the Scholarship(s) you are applying for (Visit www.wisconsinmedicalsociety.org/foundation for details.)

- General Medical Education Scholarships
- Goodman-Goodell Scholarship
- Robert T. Cooney, MD Scholarship

*** IMPORTANT INSTRUCTIONS ***

It is the applicant's responsibility to see that all supporting documents are submitted in one package to be received by the Wisconsin Medical Society Foundation by April 1.

- | | |
|--|--|
| 1. Application form | Send to: Executive Director |
| 2. Personal statement | Wisconsin Medical Society Foundation, Inc. |
| 3. Transcripts | 330 E Lakeside St, Madison, WI 53715 |
| 4. Letters of recommendation | Phone: 608.442.3800 or 866.442.3800 |
| 5. Financial Award Letter (if available) | Fax: 608.442.3851 |

All candidates will be notified of their application status by June 1.

APPLICATION

Please read the general information and instructions before completing the application.

1. Name: Mr. Mrs. Miss Ms. (Circle One)
Last _____ First _____ Middle _____
2. Address while attending school:
Number and street _____ Apt. no. _____
City _____ County _____ State _____ ZIP _____
3. Telephone (____) _____ E-mail _____
Birth date _____ Birth place (city and state) _____
4. Permanent address:
Number and street _____
City _____ County _____ State _____ ZIP _____
Telephone (____) _____
5. Name of college or university enrolled - fall _____
College address _____
City _____ State _____ ZIP _____
Financial aid office telephone (____) _____
6. Major _____ Number of credits - fall _____
7. Your class standing in medical school or other health program for the school year you are applying for (check one)

Vocational College	Four-Year College or University (allied health care programs to include nursing)	Medical/Graduate School
<input type="checkbox"/> First Year	<input type="checkbox"/> Freshman	<input type="checkbox"/> First Year
<input type="checkbox"/> Second Year	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Second Year
	<input type="checkbox"/> Junior	<input type="checkbox"/> Third Year
	<input type="checkbox"/> Senior	<input type="checkbox"/> Fourth Year
8. Anticipated graduation date _____ Student ID # (if known) _____
9. Present grade point average (GPA) _____
10. Undergraduate grade point average if you are a medical student _____
11. Are you a United States citizen? Yes No
12. Name of high school attended _____
City _____ County _____ State _____ ZIP _____
13. Are you a transfer student from a vocational college this year? Yes No
14. Father's name _____ Occupation _____
Address _____ Telephone (____) _____
City _____ County _____ State _____ ZIP _____
Mother's name _____ Occupation _____
Address _____ Telephone (____) _____
City _____ County _____ State _____ ZIP _____

15. Name of college or organization from which you received this application _____

16. Newspaper(s) to contact if awarded a scholarship.

Name _____ City _____

Name _____ City _____

Name _____ City _____

17. Personal Statement:

Please attach to this application a one to two page personal statement in which you address the following: a) family background; b) achievements; c) current higher education status; d) career goals; e) financial need for this scholarship; and f) any other information relevant to this application. This statement is an important aspect of this application and is the equivalent of an interview.

18. Transcript:

A transcript of recent high school or higher education work must accompany this application. First-year medical school students should send their undergraduate transcripts.

19. Reference:

Two letters of recommendation are required, preferably from school officials who can discuss your academic and personal achievements as well as your potential for future success. Please have those persons comment on your present enrollment, academic status and ranking among peers. It would also be helpful if the letter addressed qualities such as maturity, motivation, self-confidence, leadership and commitment. The letters should be sent with the application to be received by the Wisconsin Medical Society Foundation by April 1.

APPLICANT'S STATEMENT

20. Please estimate your living costs and income for the academic year for which you are applying.

ESTIMATED COSTS

Tuition \$ _____

Books & educational supplies _____

Rent or mortgage & utilities _____

Transportation/car payments _____

Household (including insurance, _____

living expenses, food)

Medical/Dental _____

Other _____

Explain: _____

Total cost for the
academic year \$ _____

ESTIMATED INCOME

Earnings of applicant \$ _____

Earnings of spouse _____

Parental contribution _____

Savings _____

Assistance from gov't agencies _____

Scholarships _____

Fellowships _____

Grants _____

Veterans benefits _____

Other _____

Explain: _____

Total income for the
academic year \$ _____

Expected unmet need \$ _____

(Subtract total Income from total cost)

Student loans for the academic year \$ _____

If you have applied for financial aid at your institution for the current academic year, please enclose a copy of your Financial Award Letter, if available.

In estimating your costs, please refer to your financial aid office and other college support service personnel who may be able to assist you in determining your school's estimation of tuition and fees, books and supplies, room and board, transportation, and other costs.

FAMILY FINANCIAL STATEMENT

Please complete the financial sections as thoroughly as possible since the family financial situation is an important element in determining awards. We need to know how you will support yourself while at school and what unmet financial support you need to complete the school year. We also require that your financial situation be presented as part of your personal statement.

21. If you have been employed during the regular school year or expect to be employed this year, complete the following:
Type of work _____ Hours per week _____ Monthly salary \$ _____

22. Marital status: Single Married Single parent

23. Number of children if married or single parent _____

24. Number of brothers and sisters claimed as dependents by parents _____
How many in college, including yourself _____

25. Parents' current marital status:
 Single Separated Divorced Married Widowed

26. Are you considered self-supporting for financial aid purposes based on federal financial aid (FAFSA) criteria?
 Yes No

27. If not self-supporting, please complete parent income information:

Father's annual income level:	Mother's annual income level:
<input type="checkbox"/> Below \$20,000	<input type="checkbox"/> Below \$20,000
<input type="checkbox"/> \$20,000-\$30,000	<input type="checkbox"/> \$20,000-\$30,000
<input type="checkbox"/> \$31,000-\$40,000	<input type="checkbox"/> \$31,000-\$40,000
<input type="checkbox"/> \$41,000-\$50,000	<input type="checkbox"/> \$41,000-\$50,000
<input type="checkbox"/> \$51,000-\$60,000	<input type="checkbox"/> \$51,000-\$60,000
<input type="checkbox"/> Above \$60,000	<input type="checkbox"/> Above \$60,000

28. School debt (student loans):

Total undergraduate debt	\$ _____
Medical school debt to-date	\$ _____
Total school debt	\$ _____

29. CERTIFICATION:

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the Wisconsin Medical Society Foundation Scholarship Selection Committee permission to share this information, with the exception of my financial information, for the purpose of recruitment, and public relations. I further certify that I am currently enrolled in a medical school or in a nursing or related health career program at an accredited college or university for the upcoming academic year, and will use the Foundation Scholarship Award toward expenses related to my education. Falsification of information may result in termination of any scholarship granted. All application materials become the property of the Wisconsin Medical Society Foundation.

Signature _____ Date _____