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DIVISION OF EDUCATION

January 30, 2009

Dr. Mary Zwygart-Stauffacher  
Interim Dean  
University of Wisconsin - Eau Claire  
College of Nursing & Health Sciences  
Nursing Room 101  
105 Garfield Avenue  
PO Box 4004  
Eau Claire, WI 54702-4004

Dear Dr. Zwygart-Stauffacher,

Marshfield Clinic is proud to announce the funding of a scholarship program that will benefit multiple junior and senior BSN nursing students with awards totaling \$3,000.00. The Funds will be paid in the student's name directly to the University in the fall of 2009. Eligible students must be accepted in the University's nursing program, with a junior standing in the academic program starting fall of 2009; and demonstrate scholarship and financial need according to the eligibility requirements on the enclosed application. Preference may be given to applicants who are Marshfield Clinic employees, former Marshfield Clinic employees, those whose permanent address is within the Marshfield Clinic service area, and/or family members of Marshfield Clinic employees.

Application forms must be returned to Deanna Burt, Division of Education, Marshfield Clinic by Monday March 23, 2009. Please distribute the enclosed application forms and notify eligible students in your program.

Sincerely,

A handwritten signature in cursive script that reads 'Marilyn A. Follen'.

Marilyn A. Follen, RN, MSN  
Administrator  
Quality Improvement & Care Management  
Chair, Scholarship Committee

Enclosures



## **Baccalaureate Nursing Scholarship Program**

Marshfield Clinic is funding a scholarship program that will benefit multiple junior and senior BSN nursing students with awards totaling \$3,000. The funds will be paid in the student's name directly to the university in the fall of 2009. Please note that preference may be given to Marshfield Clinic employees, former Marshfield Clinic employees, those whose permanent address is within the Marshfield Clinic service area, and/or family members of Marshfield Clinic employees.

### **Eligibility Requirements**

1. **Must be accepted as a full-time student at a Wisconsin BSN Nursing Program and have at least junior standing as of Fall 2009.**
2. Must demonstrate scholarship by having and maintaining a "B" average (3.0 on 4.0 grade point average system) or better during all post high school courses. A junior student receiving this scholarship must maintain a "B" average to reapply.
3. Must live in the Marshfield service area or have a first degree relative work at the Marshfield Clinic.

### **Application Process**

1. Complete the Marshfield Clinic scholarship application & employment history and return to:

Deanna Burt  
Division of Education – 1R6  
Marshfield Clinic  
1000 North Oak Avenue  
Marshfield, WI 54449

**Applications must be received in our office no later than March 23, 2009.**

2. Submit a copy of your full academic official university transcript including Fall 2008 term.
3. Submit a letter indicating your career goals, past accomplishments and community involvement.
4. Submit two letters of recommendation: one recommendation from an academic professor and one from a community leader.
5. Decisions will be made by the Marshfield Clinic Nursing Scholarship committee and announced after April 24, 2009.



## 2009 – 2010 Baccalaureate Nursing Scholarship Application

*Please type or print your answers, if possible.*

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

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Education

High School: \_\_\_\_\_

Describe major accomplishments: \_\_\_\_\_

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Post High School/College: \_\_\_\_\_

Overall College GPA: \_\_\_\_\_

Academic standing as of Fall 2009:       Junior       Senior

**Work Experience**  
(Present or most recent first)

Employer	Dates		Position
	From	To	
Employer Address			
Duties			

Employer	Dates		Position
	From	To	
Employer Address			
Duties			

Employer	Dates		Position
	From	To	
Employer Address			
Duties			

**Describe the potential impact this scholarship would have on you** (attach additional page if needed):

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**Please describe your current and past involvement in the community:** \_\_\_\_\_

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**Please check each of the following if they describe you:**

- Current Marshfield Clinic Employee
- Former Marshfield Clinic Employee
- Related to current Marshfield Clinic Employee (if related, please list name(s) of relatives, relationship, department and center where they are employed, and length of time employed):

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- Permanent address is within the Marshfield Clinic Service Area
- Member of the Student Nurses Association (please note if an officer or member)

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- Member of other nursing organization (please list name of organization)

- Other Recognized Awards/ Scholarships (please list)

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My signature signifies that the information provided in this scholarship application is accurate and truthful. Any willful omission or falsification will preclude me from receiving scholarship consideration or funds. I release academic information to the Scholarship Committee.

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Applicant Signature

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Date