



Hudson Hospital Foundation

Scholarship Guidelines & Application

Introduction

The Hudson Hospital Foundation Scholarship is awarded to a graduating high school seniors from Hudson Hospital & Clinic's service area with plans to attend a college or university to pursue a career in the medical or healthcare field.

Scholarship applications are due on March 15.

Scholarship Amount

Hudson Hospital Foundation will provide up to five (5) \$2,000 scholarships to graduating high school students within Hudson Hospital & Clinic's service area. Each scholarship will be valued at \$2,000.

Distribution of the Scholarship

\$1,000 will be allocated after the first semester of the first year upon submission of the first semester grade transcript.

The second \$1,000 will be allocated the second year of college after the first year upon submission of the first year grade transcript.

The scholarship recipients must send their first semester transcript *and* first year transcript to the following address in order for their scholarship funds to be released. Scholarship recipients should also supply a copy of their W9 for payment processing.

Hudson Hospital Foundation
405 Stageline Road
Hudson, WI, 54016

Requirements

Please submit your **typed** application. Do not complete the application by printing or cursive writing. Please complete the application by typing your answers into the questions. If you do not receive the application in a format that allows you to type into it, contact us and we'll send it to you in a Word document.

High school seniors residing in Hudson Hospital & Clinic's service area with plans to pursue a career in the healthcare field are eligible to apply. For example, students planning to study to become a physician, nurse, lab technician, physical therapist, occupational therapist, dentist or dental hygienist, or a certified nursing assistant are all encouraged to apply.

Financial need and current volunteer work in the healthcare field are heavily weighted considerations in the selection of scholarship recipients.

The scholarship recipient must maintain a 2.5 grade point average in order to receive both scholarship payments.

The Scholarship Committee will confirm the scholarship recipient remains in the healthcare field in their second year of college. If the scholarship recipient no longer plans to study in a healthcare field, then the foundation board will review and determine whether to continue the second year financial scholarship payment.

Award Selection Criteria

A scholarship selection team from the Hudson Hospital Foundation will determine the up to five scholarship recipients.

Required Submission Documents

- Typed scholarship application with signature and date
- Two Letters of Recommendation

Email Address

We request that all applicants provide a regularly monitored email address. It is the applicant's responsibility to ensure they have attached all required documents to the application. Once the scholarship selection team has made their determinations, all applicants will be notified via email whether they are a recipient or not.

We also use email as our source of communication for your invitation to the Hudson Hospital Foundation's Award Ceremony and if there are any updates in the future.

Award Acknowledgement:

We request that recipients attend a Hudson Hospital Foundation Award Ceremony/Reception in July to thank the board members and to meet possible mentors in their chosen field of study. The reception lasts about one hour. Recipients are encouraged to invite their parents/guardians.

Hudson Hospital Foundation Contact Information:

If you need an electronic application or if you have any questions, please contact us:

Erika Schendel Erika.A.Schendel@hudsonhospital.org or 715.531.6024

Debi Mager Deborah.C.Mager@hudsonhospital.org or 715.531.6075



Hudson Hospital Foundation

Scholarship Application

Student Name _____
Last First MI

Address _____
Street
_____ City State Zip Code

Telephone: _____ Email: _____

Name of Parent (s) Guardian: _____

Address: _____

What college do you plan to attend? _____

This scholarship is awarded to an individual with plans to pursue a career in the healthcare field. What are your educational plans and intended program of study?

Describe your career goals:

Do you have a financial need for this scholarship? Please give a brief explanation:
(Note, financial need is a consideration for this scholarship.)

High school G.P.A. _____ # in Graduating Class _____ Class rank _____

What **academic awards** have you received during high school? (Attach a separate sheet if necessary.)

What **school activities** (sports, theater, student government, clubs, etc) have you participated in during high school? List activities, years participated, and any skills you learned that will help you in your future.

What **community activities** have you participated in during high school? Provide a narrative of your extracurricular activities, especially those where you have volunteered your time in the healthcare field. Please include how your service impacted you. (Attach a separate sheet if necessary.)

Have you been employed during high school? Please explain any work experience or work history below.

Tell us why you are the most deserving individual to receive this scholarship?

Please provide **2 letters of recommendation** as attachments to this application.

Student Signature: _____ Date: _____

Counselor's Comments & Recommendations:

For Hudson Hospital Foundation only:

Application typed and completely filled out: _____

Two letters of Recommendation submitted: _____