

Application for Volunteer Partners of HSHS St. Joseph's Hospital Scholarship

The Volunteer Partners of HSHS St. Joseph's Hospital are offering a scholarship to a person who fits the Scholarship Guidelines Criteria and wishes to further his or her education in any of the human health-related fields. Members of the committee, in judging the application/s, will consider the following categories:

1. **Educational Background (school record and GPA)**
2. **Financial Need**
3. **Health Education Plans**
4. **Community Service and Employment History**
5. **Two "written" recommendations**
6. **Written Personal Statement**

This is a one time, non-renewable Scholarship.

Section 1 General Information

Name: (Last, First, Middle Initial)	Telephone Number-Where Reachable 9am-5pm, M-F
Permanent Mailing Address (must reside in Chippewa County):	

Section 2 Education History

	High School	Post-Secondary Education
Name of School Attended		
City/State of School Attended		
Years Attended (Ex.'94-'98)		
Diploma/Degree		
Grade Point Average <i>(Include Transcript)</i>		
List any AP classes <i>(on a separate piece of paper)</i>		
List <i>(on a separate piece of paper)</i> school activities, organizations and positions held. List school awards or honors received.		

Section 3 Health Educational Plans

What health career goals do you wish to pursue?	What degree or certificate will you be working on in the upcoming year?
Scholarship Will be Made Payable to the School of Your Choice	
Name and address of educational facility you plan on attending:	Are you currently in any other training program? (If yes, state program and training facility.)

**Section 4
Financial Need**

Guardian/Spouse Employment/Occupation:

State number of dependent children in the family (***including yourself***)

Family Financial Savings for your education:

How much have you ***personally*** saved?

Explain any specific circumstances resulting in financial need:

How do you plan on paying for this education? (Explain)

Section 5

Community Service and Employment History

Community

List on a separate piece of paper:

- A. All community activities outside of school including name of organization
- B. Your Responsibilities
- C. Number of hours given to each organization

Employment

List on a separate piece of paper any employment within the last four years:

- A. Employer
- B. Responsibilities
- C. Number of months or years of employment
- D. Average number of hours per week

Section 6

Two Written Recommendations and Written Personal Statement

On a separate piece of paper include your typewritten personal statement of 300-500 words. Discuss why you chose health care as a career. Add any other info which you feel would be useful to the scholarship committee.

I have not been a previous recipient of the Partners of HSHS St. Joseph's Hospital Scholarship (Formerly St. Joseph's Hospital Auxiliary)

Applicant's Signature and Date _____

***Return completed application and 2 letters of recommendation by April 1st, 2021**

To : HSHS St. Joseph's Hospital, Attn: Volunteer Services, 2661 Cty Hwy I Chippewa Falls WI 54729

One reference must be a teacher or an employer. (No family members.)

Revised by the Partners Board 12/20