

**W M H GIFT SHOP
SCHOLARSHIP**

In the spring of 2012 the **WMH Gift Shop**, sponsored by Waupun Memorial Hospital Auxiliary, will award scholarships in the amount of One Thousand Dollars (\$1,000.00) to students entering or continuing in an accredited Bachelor of Science Program in any Human Health Medical Field.

I. ELIGIBILITY

- A. Applicants must be attending, or graduated from, high schools in the Waupun Memorial Hospital service area.
- B. Applicants must be a high school senior or a college student enrolled in a BS Program. (As specified above.)
- C. Applicants must be eligible for admission to, or be currently attending, an accredited school of higher learning.
- D. Applications and recommendations must be received by the scholarship chairman no later than the 13th day of April, 2012.

II. COMPONENTS OF THE APPLICATION

The Scholarship Application consists of four (4) parts.

- A. Student information - completed application form.
- B. Evidence of Scholastic Achievement and Demonstration of Leadership - official transcript from school attending.
- C. Two letters of recommendation (one must be a recommendation from high school counselor or college advisor, or department chairman, supervisor, etc.)
- D. Letter of acceptance from the college you will be attending or eligibility to continue in that school if already attending.

III. ADDITIONAL INFORMATION

- A. This is a one year scholarship. Re-application is invited in subsequent years.

WMH Gift Shop
Waupun Memorial Hospital, Inc.
Agnesian HealthCare, Inc.
Sponsored by Congregation of Sisters of St. Agnes

- B. The scholarship check will be forwarded to the college upon presentation, to the scholarship chairman, of a copy of the tuition bill and the student's I.D. number.
- C. If schooling or training in the program specified in this scholarship criteria is discontinued, the full amount of this scholarship shall be repaid by the awardee to the WMHA gift shop within one year of the date of resignation or discharge.
- D. There shall be no restrictions based on race, creed, or sex of applicant.
- E. Letters of recommendation should include the following:
 - 1. How long have you known this applicant?
 - 2. In what capacity have you known this applicant?
 - 3. Give your honest opinion as to the character, work habits, attitude and qualifications of the applicant.
 - 4. Do you feel this person is likely to attain his/her goal?

PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND RECOMMENATIONS TO THE ADDRESS LISTED BELOW NO LATER THAN THE THIRTEENTH OF APRIL.

W M H GIFT SHOP
Scholarship Committee
Jane Teresinski
W11979 Harmsen Rd
Waupun, WI 53963
Phone: 920/324/4465

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CERTIFICATION AND AUTHORIZATION

We declare that the information reported on this form, to the best of our knowledge, is true, correct and complete.

Signatures of both parents (or guardians) _____

Signature of applicant _____

Date _____

The applicant hereby states that he/she has familiarized him/herself with the rules established for the WMH Gift Shop Scholarship, and that:

He/She intends to abide by all provisions set forth in the rules and agrees to accept, as final, the decisions agreed upon by the WMH Gift Shop Scholarship Committee.

(Signature of Parent or Guardian)

(Signature of Parent or Guardian)

Date: _____

(Signature of Applicant)

It is understood that:

If schooling or training in the medical program specified in this scholarship criteria is discontinued, the full amount of this scholarship shall be repaid by the awardee to the WMH Gift Shop, within one year of the date of resignation or discharge.

Signed this _____ day of _____, 20__.

(Signature of Parent or Guardian)

(Signature of Parent or Guardian)

(Signature of Applicant)

SCHOLARSHIP APPLICATION FORM

PLEASE TYPE OR PRINT (You may use the reverse side or extra sheets for additional information)

1. INFORMATION OF STUDENT

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

TOTAL NUMBER AND AGES OF CHILDREN IN FAMILY _____

NUMBER OF CHILDREN AND AGES WHO ARE LIVING AT HOME _____

FAMILY MEMBERS IN COLLEGE AT PRESENT TIME _____

EXPECTED DATE OF YOUR COLLEGE GRADUATION _____

SCHOOL YOU PLAN TO ATTEND _____

AREA OF STUDY _____

FINANCIAL INFORMATION (to be considered in the event of a tie in qualifications between applicants)

ANTICIPATED YEARLY TUITION _____

ANTICIPATED YEARLY COST OF ROOM AND BOARD _____

ANTICIPATED YEARLY COST OF SUPPLIES AND BOOKS _____

AMOUNT OF FINANCIAL AID AVAILABLE FROM PARENTS, GUARDIANS, ETC., PER YEAR.

AMOUNT OF FINANCIAL AID AVAILABLE FROM SELF PER YEAR _____

LIST SEPARATELY OTHER FINANCIAL AIDS SUCH AS SOCIAL SECURITY, LOANS, GRANTS, OR OTHER SCHOLARSHIPS AVAILABLE TO YOU. PLEASE INDICATE AMOUNTS IF AVAILABLE.

2. EVIDENCE OF SCHOLASTIC ACHIEVEMENT - DEMONSTRATION OF LEADERSHIP

- a. List your grade point average. Provide a transcript of your high school or college record. **This transcript must be included.** See page 1 of instructions.

(extra-curricular)

- b. List activities in which you participated while attending high school or college. (Include offices held where applicable.)

- c. List any honors you received _____

- d. Why are you interested in the medical field? _____

- e. Summarize briefly why you are applying for this scholarship.

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f. Work/Job experience. Be specified with duties/responsibilities.
Include planned summer job. _____

g. Areas of Special interest - talent, community work, church,
volunteering. (include hobbies, music, etc.)
