

Partners of Rusk County Memorial
900 College Avenue West
Ladysmith, WI 54848

ANNUAL SCHOLARSHIP FOR HEALTH CAREERS

I. Scholarship(s) of \$500.00 sponsored by the Rusk County Memorial Hospital and Nursing Home Auxiliary will be made to senior high school graduates from high schools within Rusk County by competition based on the following conditions:

II. REQUIREMENTS:

1. Completed scholarship application.
2. Official transcript of high school grades and credits to include the first semester of the senior year.
3. Official transcript of any additional education.
4. At least three letters of recommendation from a diversified group of representatives of the school or community.
5. Current year graduate of a Rusk County high school.
6. Statement of acceptance at institution for the associate degree or higher.

III. CRITERIA FOR SELECTION:

1. Academic merit.
2. Health career aptitude and interest.
3. Personality and character.
4. Current need for chosen health career field.

IV. SELECTION:

1. The applicants for the scholarship will be interviewed by the Scholarship committee.
2. Selection of the recipient will be determined by the Rusk County Memorial Hospital and Nursing Home Auxiliary Scholarship Committee. Announcement and presentation of the scholarship will take place at the Auxiliary Spring Meeting.
Recognition will also be given at the school "Awards Program."
3. The scholarship money will be given to the recipient(s) of the high school scholarship the first semester of the second year of college or technical school, upon written verification of enrollment.
4. It is our policy not to discriminate against any applicant because of race, color, religion, age, sex, national origin, handicap, ancestry, sexual orientation, marital status or any other discriminatory basis prohibited by state or federal law.

ANNUAL SCHOLARSHIP FOR HEALTH CAREERS APPLICATION
(Deadline for completion of this application is April 1st.)

Name _____ Date of Birth _____

Telephone _____ Address _____

Name of High School _____

Date of Graduation _____

GPA _____ Rank in Class _____ out of _____
(place) (# in class)

Health Field Career Interest _____

Planned attendance at _____

Address of college/school _____

Have you been accepted at this institution? _____
(If yes, please attach acceptance letter.)

List subjects you have taken in school relating to your health career _____

List other vocational, correspondence, extension courses, community service and/or work
experience related to your planned health career. _____

List extra-curricular activities in which you participated during high school. Please list by year.

List honors and awards received from school or community. _____

**Please complete and attach a brief statement regarding your educational plans, your
personal reasons for choosing a health career field and your goals upon completion of your
career education.**