

AVAILABLE SCHOLARSHIPS

ONE HEALTH CAREER SCHOLARSHIP: This scholarship is to be awarded to a qualified third year, or above, college student who has been accepted into a health-related program (OT, PT, Pharmacy, Nursing, etc.) at a non-technical college or university. **AMOUNT:** The amount will be \$2,000.00, payable on or before August 15 to one selected recipient.

ONE TECHNICAL COLLEGE SCHOLARSHIP: This scholarship is to be awarded to a qualified student who has been accepted into a Technical College and is pursuing a health career. **AMOUNT:** The amount will be \$1,000.00, payable on or before August 15 to one selected recipient.

MARY LARKIN MEMORIAL SCHOLARSHIP: This scholarship is to be awarded to a qualified student who has been accepted in a health care program in a Technical College or a University and is pursuing a patient care health career. **AMOUNT:** The amount will be \$1,000.00 payable on or before August 15.

BRMH VOLUNTEEN SCHOLARSHIP: This scholarship is to be awarded to a qualified graduating high school student who has been accepted into a two- or four-year college, university or technical school, and has served as a Black River Memorial Hospital Volunteen. **AMOUNT:** The amount will be \$1,000.00 payable on or before August 15 to a selected recipient.

APPLICANT QUALIFICATIONS:

- **Resident of Jackson County, *or***
- **Graduated from a high school in Jackson County, *or***
- **Currently employed at a health care facility/agency in Jackson County for a minimum of one year, *or***
- **Has served as a BRMH Volunteen (for the Volunteen Scholarship).**

HEALTH CAREER SCHOLARSHIP

QUALIFICATION: This scholarship is to be awarded to a qualified third year, or above, college student who has been accepted into a health-related program (OT, PT, Pharmacy, Nursing, etc.) at a non-technical college or university. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

CRITERIA: The selection of this recipient will be based on academic performance, financial need, demonstrated health career interest, and leadership in school or community activities as stated in the essay portion of the application form.

APPLICATION PROCEDURE: Application forms are available on the Black River Memorial Hospital website at brmh.net/volunteer or by writing to Sarah Osegard at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at osegards@brmh.net. Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15th. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

SELECTION: Selection of the scholarship recipient will be done by a committee composed of members of the hospital Partners, a Guidance Counselor who will rotate each year from high schools in Jackson County and one community health professional.

AMOUNT: One scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$2,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

TECHNICAL COLLEGE SCHOLARSHIP

QUALIFICATION: This scholarship is to be awarded to a qualified student who has been accepted into a Technical College and is pursuing a health career. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

CRITERIA: The selection of the recipient will be based on academic performance, financial need, and demonstrated health career interest, leadership in school or community activities as stated in the essay portion of the application form.

APPLICATION PROCEDURE: Application forms are available on the Black River Memorial Hospital website at brmh.net/volunteer or by writing to Sarah Osegard at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at osegards@brmh.net. Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15th. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

SELECTION: Selection of the scholarship recipient will be done by a committee composed of members of the hospital Partners, a Guidance Counselor who will rotate each year from high schools in Jackson County and one community health professional.

AMOUNT: One scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$1,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

MARY LARKIN MEMORIAL SCHOLARSHIP

QUALIFICATION: This scholarship is to be awarded to a qualified student who has been accepted in a health care program in a Technical College or a University and is pursuing a patient care health career. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

CRITERIA: The selection of the recipient will be based on academic performance, financial need, demonstrated interest in a patient care health career, and leadership in school or community activities as stated in the essay portion of the application form.

APPLICATION PROCEDURE: Application forms are available on the Black River Memorial Hospital website at brmh.net/volunteer or by writing to Sarah Osegard at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at osegards@brmh.net. Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15th. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

SELECTION: Selection of the scholarship recipient will be done by a committee composed of members of the hospital Partners, a Guidance Counselor who will rotate each year from high schools in Jackson County and one community health professional.

AMOUNT: The scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$1,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

BLACK RIVER MEMORIAL HOSPITAL VOLUNTEEN SCHOLARSHIP

QUALIFICATION: This annual scholarship is to be awarded to a qualified student who has been accepted in a Technical School, College or University. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; and have served as a BRMH Volunteer.

CRITERIA: The selection of the recipient will be based on academic performance, financial need, and leadership in school or community activities, and volunteering with the BRMH Volunteer Program, as stated in the essay portion of the application form.

APPLICATION PROCEDURE: Application forms are available on the Black River Memorial Hospital website at brmh.net/volunteer or by writing to Sarah Osegard at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at osegards@brmh.net. Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15th. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

SELECTION: Selection of the scholarship recipient will be done by a committee composed of members of the hospital Partners, a Guidance Counselor who will rotate each year from high schools in Jackson County and one community health professional.

AMOUNT: The scholarship will be awarded annually and applied toward the recipient's academic fees. The amount will be \$1,000.00. The check will be made payable to both the recipient and the tech school or college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

SCHOLARSHIP APPLICATION

Check the scholarship(s) for which you are applying. Only **one** application is necessary to cover any/all scholarships. First consideration will go to students who have NOT received a scholarship from us in the past.

Technical College Scholarship

Mary Larkin Memorial Scholarship

Health Career Scholarship

BRMH Volunteen Scholarship

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents'/Spouse's Name: _____ Their Occupation: _____

Are you currently employed? _____ If yes, employer's name: _____

How long at employer? _____

Name of High School: _____ Year of Graduation: _____

Name of college and campus attending: _____

Current year/status in school: _____ Program: _____

Date of acceptance to school: _____ Present GPA: _____
(Attach a copy of most recent transcript- Unofficial is acceptable)

Number of credits registered for/anticipate registering for: _____

List **ALL** financial aid you are receiving and amounts: _____

Essay: Type a brief essay explaining why you are interested in a health career and why you are applying for this scholarship. Include a summary of your personal and professional goals, involvement in school and/or community activities, and financial need. The **contents of your essay are very important** to your application and the committee's selection process.

Transcript: A copy of your most recent transcript is required with your application (unofficial is accepted).

References: Attach three reference letters. If already attending college, one reference must be from an instructor. If not in college, one reference must be from a high school teacher or your employer. **Please request your references to comment on your characteristics as related to motivation, leadership, concern for others, responsibility, emotional stability and cooperation.** Request your references to use supporting examples when appropriate. Choose your references carefully. All three reference letters must be received by April 15 for your application to be considered complete. If your references would prefer to send their letters directly to the committee, the letters can be mailed to Sarah Osegard at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail to osegards@brmh.net. If emailing a letter, please follow-up with a phone call to Sarah at 715-284-3606 to ensure receipt of the email.

I do hereby give my consent to Partners of Black River Memorial Hospital to release any information on this application to the Selection Committee. I also certify that all the information I have provided on this application is true and complete. If I am selected to receive a scholarship, I consent to having my name placed in the local papers with a press release from the hospital and my photo and name in the hospital and Partners' newsletters. If I do not complete this course of study for any reason, I will repay the Partners of Black River Memorial Hospital the amount of money awarded to me within one year.

Signature: _____

Date: _____

Return this application with current transcript, three reference letters and essay by April 15 to:
Black River Memorial Hospital, Attn: Sarah Osegard, Volunteer Coordinator, 711 W. Adams, Black River Falls,
WI 54615 – OR - Email to osegards@brmh.net