

## MEDICAL SCHOLARSHIP RULES AND REGULATIONS

### I. Eligibility

- A. Applicant (male or female) must be a resident of the area served by Oconomowoc Memorial Hospital.
- B. Applicant **must be** enrolled in a medical field utilized by Oconomowoc Memorial Hospital (i.e. Nursing School, Medical School, Pharmacy School, Physical Therapy, etc.).
- C. Applicant has been accepted as a student in a college or university in the State of Wisconsin.
- D. Applicant has maintained at least a 2.75 grade point average in high school and/or college.
- E. Applicant must show evidence of financial need.
- F. Only complete applications will be considered.

### II. Scholarship Awards

- A. Full time students carrying a minimum of 12 credits at \$1,000 per year (\$500 per semester).
- B. Part time students carrying a minimum of 6 credits at \$500 per year (\$250 per semester).
- C. Renewal
  - a) Scholarships are granted for a single academic year; however, recipients may apply for succeeding years (up to 4 years).
  - b) Students must maintain a grade point average of 2.75 or above.
  - c) Students must send an **authorized record of current grades** to the Scholarship Committee at the end of each semester (December and May), along with an **official copy of registration** for the next semester (with course names and credits). Both must be received before payment is made.
  - d) Students must disclose any major changes in financial status.

### III. Enclosures – To qualify **ALL** of the following **MUST** be included:

- A. Two letters of recommendation from responsible citizens (i.e. – Teacher, Counselor, Employer, Volunteer/Community Leader).
- B. A transcript of high school grades and/or any advanced courses.
- C. An official copy of registration from the school you will be attending.
- D. A short description of your intended major and why you have chosen it.
- E. A copy of financial need (i.e. – Federal Tax Form or Financial Aid Form).
- F. A recent, non-returnable photograph for publicity purposes.

### IV. Disbursement of Awards

- A. Scholarships are awarded to qualified students based on academic excellence and financial needs.
- B. Successful applicants will receive notice of their awards.
- C. Checks for the amount of the award will be made out to the college and mailed to the scholarship recipient.

**PLEASE RETURN APPLICATION WITH ENCLOSURES BY APRIL 15<sup>TH</sup> TO:  
AUXILIARY SCHOLARSHIP COMMITTEE  
OCONOMOWOC MEMORIAL HOSPITAL  
791 SUMMIT AVENUE  
OCONOMOWOC, WI 53066**

**APPLICATION FOR OCONOMOWOC MEMORIAL AUXILIARY  
SCHOLARSHIP**

Applicants Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Spouse \_\_\_\_\_

Name

Employer

Occupation

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

**Complete the following if claimed as a dependent by a parent or guardian:**

Father \_\_\_\_\_

Name

Employer

Occupation

Mother \_\_\_\_\_

Name

Employer

Occupation

Guardian \_\_\_\_\_

Name

Employer

Occupation

Number of Siblings \_\_\_\_\_ Ages \_\_\_\_\_ Number in College \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Name of College/University/Technical/Trade School

\_\_\_\_\_

Address \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Extra-Curricular/Community/Volunteer Activities:

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Educational Institution in which enrollment is anticipated in the fall:

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College Freshman \_\_\_\_\_ College Sophomore \_\_\_\_\_ College Junior \_\_\_\_\_

College Senior \_\_\_\_\_ Other (please specify)\_\_\_\_\_

Degree Sought \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

Please list any other scholarships, grants, bank or government student loans, etc. for which you have applied:

Name \_\_\_\_\_

Amount \_\_\_\_\_ Pending \_\_\_\_\_ Awarded \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_ Pending \_\_\_\_\_ Awarded \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_ Pending \_\_\_\_\_ Awarded \_\_\_\_\_

Explain your financial need by including a copy of current federal tax forms on which applicant is claimed as dependent or a copy of financial aid form. All information will be kept confidential.

Write a brief paragraph telling why you selected your specific health field.

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Write a brief paragraph telling why you should be considered for this scholarship.

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The above information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if applicant is under 18 years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_