

HEALTH CAREERS SCHOLARSHIP APPLICATION

PARTNERS OF REEDSBURG AREA MEDICAL CENTER
Reedsburg, WI

January 18, 2010

To the Applicant:

Attached is the application for the Health Careers Scholarship offered by the Partners of RAMC. Please complete all aspects of the application. You will be judged on the qualifications as stated on the application.

The amounts of this scholarship are as follows:

1. \$750 scholarships to students enrolled in programs of four or more years. These scholarships will be paid out in one installment of \$750 at the end of the first academic year providing a **minimum GPA of 2.5** is achieved.
2. \$400 scholarships to students enrolled in two-year programs. These scholarships will be paid out in one single payment of \$400 at the end of the first semester providing a **minimum GPA of 2.5** is achieved.

The above scholarships will be distributed following submission of grade transcripts at the end of the semester(s) completed. There is a "grace period" of one semester beyond the above requirements. Unless there are extenuating circumstances, the scholarship will be forfeited if transcripts are not received by the end of the grace period.

THIS APPLICATION IS DUE BY MARCH 1. Candidates selected for interview will be notified of their interview date by telephone. After the interviews, the scholarship committee will select the successful recipient(s) and notify ALL those interviewed of their selection/non-selection status. If we have a large number of applicants, the committee reserves the right to limit receiving the award to a maximum of two times per person. **Keep this page in your files in case you need to contact me. My phone number is 608-524-4740.** Thank you for selecting a career in health care.

Upon graduation, if an opening is available, the recipient is asked to consider working for a period of one year at Reedsburg Area Medical Center.

Send Scholarship Application to:

Kay Daley, Chairperson
Partners/RAMC Scholarship Com.
E5060 County Rd. K
Reedsburg, WI 53959

Please Indicate Any Other Information Which You Think Would be Helpful to the Scholarship Committee in Reviewing Your Application.

List Three (3) Character References:

1) Name _____ Occupation _____
Business Phone _____ Home Phone _____

2) Name _____ Occupation _____
Business Phone _____ Home Phone _____

3) Name _____ Occupation _____
Business Phone _____ Home Phone _____

Applicant's Signature: _____ Date _____

If Applicant is a High School Student, Parent or Guardian Must Read and Sign:

I have read the answers to the questionnaire and will attest to their truth.

Signature: _____ Relationship _____

TENTATIVE INTERVIEW SCHEDULE
(Please Circle Date and Hour Preferred)

Note: Interviews will be conducted on the following days. Please circle tentative day(s) and time(s) most convenient for you on the chart below. You will be contacted for an exact date and time.

March 27 (Sat.)	A.M.	9:00	9:30	10:00	10:30	11:00
March 29 (Mon.)	P.M.	3:30	4:00	4:30	5:00	5:30
March 30 (Tues.)	P.M.	3:30	4:00	4:30	5:00	5:30
March 31 (Wed.)	P.M.	3:30	4:00	4:30	5:00	5:30
April 1 (Thurs.)	P.M.	3:30	4:00	4:30	5:00	5:30
April 3 (Sat.)	A.M.	9:00	9:30	10:00	10:30	11:00

Send applications to:

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*We request that you please bring a close-up photo of yourself to the interview.