

HEALTH CAREERS SCHOLARSHIP APPLICATION

PARTNERS OF REEDSBURG AREA MEDICAL CENTER
Reedsburg, WI

January, 2020

To the Applicant:

Attached is the application for the Health Careers Scholarships offered by the Partners of RAMC. **If you were previously awarded one of these scholarships, you are no longer eligible!** If not a previous winner, please complete all aspects of the hand-written application. If you would prefer applying online, the application is available on the front page of the Reedsburg Area Medical Center website at:

www.ramchealth.com

Please return to:

tbecker@ramchealth.org

If you choose to complete the online application, **please print a copy and mail it to the address shown below as well.** You must have some connection with the Reedsburg community to be considered as an applicant for these scholarships. A **criminal background check** may also be performed on scholarship finalists.

The amounts of the scholarships are as follows:

1. \$750 scholarships will be awarded to full time students (with at least 12 credits) 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 will be awarded 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 scholarships will be forfeited if transcripts are not received by the end of the grace period.

THIS APPLICATION IS DUE POSTMARKED 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 interviewed applicants of their selection/non-selection status. Due to the large number of applicants, and the committee's desire to benefit as many candidates as possible, the scholarships will only be awarded once per person. **Keep this page in your files in case you need to contact me. My phone number is 608-963-6337.** 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 the Reedsburg Area Medical Center.

Mail Handwritten or Copy of Online Scholarship Application to:

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

If Married:

Spouse's Name: _____ Occupation _____

List Ages of Children: _____

Name of High School Attended: _____

City/State/Zip _____

Year of Graduation _____ Class Ranking _____ Grade Point Average _____

List Any Special Recognition Received for Excellence in School and or Work (Honors, Prizes, or Scholarships): (Add extra page if needed)

List Other Extra Curricular Activities in Which You Have Been Involved (Include Volunteer Activities): (Add extra page if needed)

Answer One of the Following:

A) *If in High School:* What College Do You Plan to Enter?

College _____ Location _____

Have You Been Accepted? Yes _____ No _____

Beginning Date: _____ Years Needed to Complete this Program? _____

Indicate How You Intend to Finance Your College Career:

Loans___ Scholarship___ Family___ Jobs___ Savings___ Other___

B) *If in College:* Name of School Attending: _____

GPA _____ How Much of Your Program Have You Completed to Date? _____

What health career classes have you taken? _____

Write a Brief Paragraph Indicating Why You Have Chosen a Health Career.

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

Please Explain Your Connection to the Reedsburg Community.

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

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 by phone with an exact date and time.

March 19 (Thurs.)	P.M.	3:30	3:55	4:20	4:45	5:10	5:35
March 21 (Sat.)	A.M.	9:00	9:25	9:50	10:15	10:40	11:05
March 23 (Mon.)	P.M.	3:30	3:55	4:20	4:45	5:10	5:35
March 24 (Tues.)	P.M.	3:30	3:55	4:20	4:45	5:10	5:35
March 25 (Wed.)	P.M.	3:30	3:55	4:20	4:45	5:10	5:35
March 28 (Sat.)	A.M.	9:00	9:25	9:50	10:15	10:40	11:05

Send applications to:

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

*****We request that you please bring a wallet size photo of yourself to the interview.**