**TO: Scholarship Applicants**

**FROM: Tammie Richter, Foundation Director**

**DATE: January 16, 2018**

**SUBJECT: 2018 Scholarship Application**

The Southwest Health Foundation is, once again, proud to invest in the future of healthcare by offering scholarship funds to students pursuing a healthcare career. To be eligible for the scholarship candidates must be four years or less post high school graduation and reside within the communities of Platteville, Cuba City, Belmont, Livingston, Mineral Point, Montfort, Rewey, Dickeyville, Hazel Green, Potosi, Benton and Shullsburg. Also eligible for consideration, regardless of residence, are dependents of Southwest Health employees. All employees of Southwest Health are eligible for scholarships without exceptions. If you have questions regarding eligibility, please contact Tammie Richter, Foundation Director, at (608) 342-4704 prior to submitting an application.

**All application packets are due on March 1, 2018 at 3:00 p.m.** To ensure appropriate consideration for all applicants, the packet must either be postmarked, hand-delivered or emailed to foundation@southwesthealth.org by the above date and time. No exceptions will be made.

Please read the scholarship criteria carefully. Once again, if you have any questions please contact Tammie Richter at (608) 342-4704 or via email [foundation@southwesthealth.org](mailto:foundation@southwesthealth.org).

The Southwest Health Foundation looks forward to supporting your education and commitment to the future of healthcare.

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| **Scholarships** | Date: Click here to enter a date. Please carefully read the eligibility guidelines for the Lyle and Lenice Curtis Scholarship and only apply if you meet the requirements:    Lyle and Lenice Curtis Scholarship *(amounts awarded vary)*  If you have questions please contact Tammie Richter, Foundation Director at (608) 342-4704, prior to submitting an application. |
| **Applicant Information** | Are you an employee of Southwest Health or the dependent of a Southwest Health Employee? yes no (If you are a dependent of a Southwest Health employee please provide the name of the employee who claims you for tax purposes). Click here to enter text.  Applicant’s Name: Click here to enter text.  Address: Street (include Apt #): Click here to enter text.  City: Click here to enter text.  State: Click here to enter text.  Zip: Click here to enter text.  Home Phone: Click here to enter text. Cell Phone: Click here to enter text. E-Mail: Click here to enter text. |
| **High School Information** | Name of High School: Click here to enter text.  Address of High School (Street, City, State, Zip): Click here to enter text.  Rank in Class: Click here to enter text. Graduation Date: Click here to enter text. |
| **College Information** | Name of Accredited Institution: Click here to enter text.  Address of Institution: Street: Click here to enter text.  City: Click here to enter text.  State: Click here to enter text.  Zip: Click here to enter text.  Fulltime: yes no  Student ID # Click here to enter text. Phone Number Click here to enter text.  Entrance Date (*expected or actual):* Click here to enter text.  Anticipated Date of Completion: Click here to enter text. |
| **Applicant Signature** | I understand the application requirements and the criteria used to select this award. I am attaching the additional documentation required for the selection process. I understand that an incomplete application will result in a “not granted” status.  Applicant’s signature: Date:  All applicants meeting the specified criteria are given equal consideration regardless of race, religion, color, national origin, ancestry, qualified disability, medical condition, marital status, age, sex, pregnancy, sexual orientation, childbirth or related medical condition or any other protected class provided through federal, state, or local law. |
| **Scholarship Committee** | This Scholarship Application is: Granted  Not Granted  If no, please list the reason (brief description):  Administrative officer signature: Date: |

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| Describe your reason for entering this field and your career goals. **(40% of score)**  Click here to enter text. |
| Describe your most significant volunteer, public service, extracurricular activities, community, or campus activities. Also, include any special recognition or honors you have received. **(20% of score)**  Click here to enter text. |
| From a financial standpoint, what impact would this scholarship have on your education? Explain how you are currently or plan to finance your tuition and expenses? **(20% of score)**  Click here to enter text. |

The Lyle and Lenice Curtis Scholarship fund was established to benefit students pursuing an education in a health related field at an accredited institution of higher education. Scholarship levels and amounts distributed will vary accordingly year to year.

The scholarship awarded must be used for tuition, books, or fees for the upcoming school year and will be paid directly to the school.

Students must complete the accompanying application and are required to meet the guidelines listed below:

1. Candidates must be four years or less post high school graduation and reside within the communities of Platteville, Cuba City, Belmont, Livingston, Mineral Point, Montfort, Rewey, Dickeyville, Hazel Green, Potosi, Benton and Shullsburg. Also eligible for consideration, regardless of residence, are dependents of Southwest Health employees. All employees of Southwest Health are eligible for scholarships without exceptions. If you have questions regarding eligibility, please contact Tammie Richter, Foundation Director, at (608) 342-4704 prior to submitting an application.

2. Candidates must be enrolled in a health-related program or accredited medical program. This can include, but is not limited to, Nursing, Radiology, Physical Therapy, Speech Therapy, Occupation Therapy and Medical Technology.

3. Completed applications must be accompanied by the following information:

a. Verification of enrollment in an accredited health or medical program. b. Transcript of grades.

c. Two letters of recommendation, attesting to the applicant’s aptitude and

desire to pursue a career in the chosen medical field.

All applicants meeting the above criteria are given equal consideration regardless of race, religion, color, national origin, ancestry, qualified disability, medical condition, marital status, age, sex, pregnancy, sexual orientation, childbirth or related medical condition or any other protected class provided through federal, state or local law.

All applicants must submit a submission packet for consideration.

The submission packet includes the following:

 Completed copy of the application form (first page).

o Do not forget to sign and date the form. (if you submit the application through e-mail the submission of the application represents your signature)

o Fill out all questions (Incomplete applications will be discarded).

 Attach two letters of character recommendation attesting to the applicant’s aptitude and desire to pursue a career in the chosen medical field.

o If possible, one of these letters should come from your high school.

 Verification of enrollment in an accredited nursing or other medical program.

o Verification is defined as a letter or appropriate form from an accredited institution that states that you are enrolled and the period that you are enrolled for. The letter must also include verification that you are in good standing. This letter must be on the institution’s letterhead.

 Transcript of grades (**final** **20% of score** – based on GPA)

o For all others provide all available transcripts.

 Additional qualifications:

o Lyle and Lenice Curtis Scholarship applicants must be currently enrolled in a health-related program or accredited medical program. This can include, but is not limited to: Nursing, Radiology, Physical Therapy, Speech Therapy, Occupational Therapy, and Medical Technology.