

2019 Scholarship Application Guidelines Deadline for Application: March 1, 2019

Scholarship Eligibility Guidelines:

Richard A. Eckberg Memorial Scholarship - \$1,000 (One scholarship available)

Awarded to an individual enrolled in an accredited technical or undergraduate program. Applicant must be enrolled in a clinical health care field and a Portage County resident.

Ascension St. Michael's Hospital Medical Staff Scholarship - \$1,000 (One scholarship available)

Awarded to an individual enrolled in an accredited technical, undergraduate, graduate or doctoral program.

Applicant must be enrolled in a health care field and a Portage County resident.

Janice and Robert Weaver Memorial Scholarship - \$1,000 (One scholarship available)

Awarded to an <u>associate</u> of Ascension St. Michael's Hospital or Ascension Medical Group who is enrolled in an accredited technical, undergraduate, graduate or doctoral program. Applicant must be enrolled in a health care field.

Applicants can only be awarded one scholarship; however, applicants are allowed to apply for more than one scholarship. Only one application is needed when applying for more than one scholarship.

How to Apply:

Complete and sign the scholarship application.
Submit a copy of an official college transcript (if already enrolled) or your high school transcript.
Submit two letters of recommendation from individuals <u>not</u> related to you. One letter must be from someone affiliated with a school you currently or previously attended.
Include a Personal Statement essay.
Include a Financial Need statement.
Mail one copy of all the above items to St. Michael's Foundation by March 1, 2019. No loose materials can be sent separately or added to the application at a later date.

Application and all supporting documentation must be postmarked by March 1, 2019 and mailed to:

Attn: 2019 Scholarships St. Michael's Foundation 900 Illinois Avenue Stevens Point, WI 54481



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Please print clearly or type. **Last Name** First Name M.I. **Legal Name: Address Line** City State Zip code Permanent Address: Date of Birth: **Phone Number:** E-mail Address: Are you an Ascension ☐ No ☐ Yes: _____ employee? (department and title) Are you a current Ascension ☐ Yes:_____ □ No volunteer? (title) Are you a relative of an ☐ No ☐ Yes: Ascension associate? (relative's name and relationship to you) ☐ Richard A. Eckberg Memorial Scholarship - \$1,000 Scholarship(s) you are ☐ Ascension St. Michael's Hospital Medical Staff Scholarship - \$1,000 applying for: ☐ Robert Weaver Memorial Scholarship - \$1,000

Education History

List all schools attended, with the current or most recent school listed first.

School Name & Location	Dates Attended (MM/YY) From To		Diploma, Degree, or Field of Study	Grade Point Average

2019 Scholarship Application, continued

Employment History

List all work experience for the past two years, with the most recent listed first.

Employer	Franksian Joh Title	Dates Worked		Avg. hours worked/week
Employer Job Title	Job Title	From	То	worked/week

Extracurricular Activities

Include all school and community activities and honors.

Activity/Honor Description	Association Name/School	Beginning (MM/YY)	Ending (MM/YY)

Personal Statement

Please attach an essay explaining how receiving this scholarship would impact your life. Be sure to comment on why you chose to pursue a degree in health care, why your education is important to you and your aspirations for the future.

Personal Statement Format: Essay should be approximately 500 words. **It must be typed** on 8½" x 11" white paper, double spaced, and in 10 pt. or 11 pt. font.

Financial Need Statement

Paying for college is a financial burden to most individuals and families. Information about any circumstance that may affect your ability to pay for college is helpful. This information is important during the application evaluation process.

Financial Need Statement Format: Please include a brief, **typed**, financial need statement at the end of your essay. As with the essay, please use 10 pt. or 11 pt. font and double space your work.

Letters of Recommendation

Applicants are required to submit two letters of recommendation from teachers, professors, coaches, employers, religious leaders or others who have an important role in your life. **One letter must be from someone affiliated with a school you currently or previously attended.**

2019 Scholarship Application, continued

I affirm that the information which I have provided on this application and any supporting material is complete, accurate and true to the best of my knowledge.				
Applicant's Signature	Date			
Applicant's Name (printed)				
St. Michael's Foundation Sch	nolarship Application Checklist:			
☐ Complete and sign application				
☐ Submit a copy of an official college or high sch	hool transcript			
☐ Include two letters of recommendation				
☐ Submit a Personal Statement Essay				
☐ Submit a Financial Need Statement				
☐ Mail all of the above items in one envelope to):			
	Scholarships			
	l's Foundation			
	ois Avenue vint, WI 54481			
Stevens FU	III, WI 37701			
Items must be postmarked by	March 1, 2019 to be considered.			