ASCENSION SE WISCONSIN HOSPITAL – ELMBROOK CAMPUS AUXILIARY

IMPORTANT DEADLINE IS MARCH 10, 2027

All of the following materials must be submitted to the scholarship committee before the deadline. (Check back with references to be sure recommendations have been sent. Check back with school offices to be sure transcripts have been sent. **Late and incomplete applications will be disqualified.)** Items 1, 2, and 3 below should be submitted together.

This scholarship form is completed and signed.

A copy of your letter of acceptance by the accredited school you will attend.

A personal statement that will tell the committee some things about yourself and your plans for the future that is not included in the application. Include any pertinent information regarding your ability, accomplishments and financial needs. Attach a separate sheet, if necessary.

High school transcript or transcript of school currently attending must be directly submitted by that school.

Two recommendation forms, **returned separately** from persons other than relatives to include:

If currently in high school, one recommendation must be from an educator or guidance counselor.

Be assured that all scholarship applications will be thoroughly reviewed by the scholarship committee and treated in a strictly confidential manner.

Scholarship Application

Please print or type

Name_____
First Middle Last

Address _____

City_____State_____Zip _____

Phone _____

Email Address

_____

Connection with Elmbrook Campus and date began:

_____

Name and location of high school: _____

Date of Graduation: _____

Post High School Education and dates:

_____

Name of school you will attend:

_____

Planned course of study:

_____

Education/Career Goals

1. Why did you choose a career in healthcare?

2. How will this education program fit into your career objectives?

3. What degree/certification will you work toward?

4. What special recognition in the form of offices held or awards have you received?

5. Please describe a memorable moment in your career (if working).

School/Program Expenses

1. List below the expenses you will incur as part of your study/training:

Tuition and fees:

Books and Supplies:

2. Describe any special circumstances concerning your need for financial aid.

3. Please list any other scholarships or financial awards you anticipate receiving:

Employment and Community Service
This should include dates, name/city and position or activity

Signature of applicant:_____Date: _____

If a minor, Signature of parent/guardian:_____Date: _____

Deadline: March 10, 2027
Return completed forms to the Auxiliary Scholarship Committee. *Late and incomplete applications will be disqualified.*

Please return to:
Auxiliary Scholarship Committee
Ascension – Elmbrook Hospital
19333 West North Avenue
Brookfield, WI 53045-4198