Calumet Medical Center Auxiliary Scholarship Application

Demographic Information

First Name _____ Last Name _____

Mailing Address _____ City, State Zip _____

County _____ E-mail _____
(Must be a resident of Calumet County)

Home Phone _____ Cell Phone _____

Date of Birth _____ Parent's Names _____

Academic Information

High School Name _____ Year graduated (or anticipated) _____

University/College/Technical School attending next fall _____

Please provide the complete name and address of the financial aid office for the college or university you plan to attend _____

Course of Study _____

This application is for which year of post secondary schooling: 1st 2nd 3rd 4th

Have you applied for a Calumet Medical Center Auxiliary Scholarship in the past? Yes or No

Supporting Documents

In addition to this complete application, please submit a current high school and post secondary (if applicable) transcript along with a 400-word maximum essay indicating your reasoning for pursuing a healthcare degree and career plans.

How to Submit

Send application, transcript(s), and essay to:

Ascension Calumet Hospital
Volunteer Services
614 Memorial Drive
Chilton, WI 53014

OR Fax to Ascension Calumet Volunteer Services at: 920-849-1713

OR Electronic submission to: MHVolun@ascension.org

Deadline for submission: April 1st