

FORT HEALTHCARE PARTNERS

HEALTH CAREERS ADVANCING EDUCATION SCHOLARSHIPS

Donor

The Partners of the Fort HealthCare, a private, philanthropic organization, offers two \$2,000 advancing education scholarship awards annually.

Purpose

These awards shall be available to candidates who currently hold a degree or certification in a healthcare field and are now enrolled in a course of study that leads to an advanced degree in a healthcare field. Students enrolled in a course of study that leads to a degree in a healthcare field or those enrolled in an accredited two year program in a healthcare field from an accredited institution are eligible to apply. These scholarships are for the express purpose of defraying direct educational expenses of the recipient and shall be made payable to the educational institute in the name of the student.

Conditions Governing Award

1. The award shall be known as the *Fort HealthCare Health Partners Advancing Education Scholarship*.
2. Scholarships shall be awarded annually to meritorious candidates.
3. Responsibility for selection shall be vested with the Partners Scholarship Committee.
4. Awards shall be made for one academic year.
5. Information and applications are available at the hospital in the Volunteer Services Office, and online at www.forthhealthcare.com. Please direct any telephone inquiries to 920-568-5276.

Qualifications of Candidates

1. Must be Wisconsin residents who reside or are employed in the area served by Fort HealthCare.
2. Must currently hold a degree or certification in a healthcare field (i.e. an RN who is enrolled in the Nurse Practitioner Program.)
3. Must pursue a course of study leading to a degree or certification in a healthcare field.
4. Must be accepted as a student in the field of study.
5. Preference will be given to those currently employed in the healthcare field.
6. Preference will be given to applicants pursuing Bachelors, Masters or Doctorate Degrees.
7. Must complete the application process, including two letters of recommendation and current college grade transcripts, (if applicable) and **postmarked by April 1** of the current year to:

Fort HealthCare - Volunteer Services Department
Attn: Scholarship Committee Chairperson
611 Sherman Avenue East
Fort Atkinson, WI 53538-1998

Selection of Candidates

The Scholarship Committee will evaluate each application. All applicants will be notified of our decisions.

PARTNERS

HEALTH CAREERS ADVANCING EDUCATION SCHOLARSHIP APPLICATION

Complete application and mail it with your grade transcripts (if applicable) and your two letters of recommendation postmarked by April 1, to:

Fort HealthCare - Volunteer Services
Attn: Scholarship Committee Chairperson
611 Sherman Avenue East
Fort Atkinson, WI 53538-1998

TYPE or PRINT application information page

This application is also available on-line at www.forthhealthcare.com.

Applicant's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone _____ Year that your graduated high school

Current degree or certification: _____ Where earned: _____

Institution for which scholarship is requested: _____

Have you ever received a Fort HealthCare Partners Scholarship Award? _____ If Yes what year _____

Current academic year/level? _____

Type of program you are pursuing (check one)

Associate _____ Bachelors _____ Masters _____ Doctrine _____ Other (specify) _____

Specific course of study _____
(nursing, physical therapy, medical technology, etc.)

When do you anticipate completion of course work?

(Month/Year) _____ Current GPA _____

Are you currently employed? _____ If yes, who is your employer? _____

How long have you worked for this employer? _____ Job title: _____

Name and address of school's financial aid office/officer: _____

Date money is due: _____

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HEALTH CARE ADVANCING EDUCATION SCHOLARSHIP APPLICATION

ESSAY: Please attach on separate paper, **numbered, typed, and double-spaced,** address each of the following topics:

1. Brief personal, academic history, including honors, awards, service projects, etc....
2. Description of academic and professional goals. Include why you have chosen health care.
3. Experiences you have had in the medical community.
4. Tell how the scholarship would help your financial situation.

REFERENCES:

Two letters of reference must be returned **with** your application

**One must address your academic achievements

**One must address your professional achievements in your current career

TRANSCRIPTS:

Submit official college transcripts for your current program (if applicable) with application

Signature of Applicant

Date

This scholarship does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability or handicap.