

# GUNDERSEN PARTNERS

ENHANCING CARE THROUGH SERVICE AND GIVING

## 2021 Gundersen Employees Children's Scholarship Application Form

**PLEASE NOTE: ALL fields are required to be completed**

Applicant's Name (First / Middle / Last):	Applicant's DOB / Age:
Applicant's Mailing Address:	
City / State / Zip Code:	Applicant's Phone:
Applicant's Email Address:	
Applicant's Past Education (degrees, schools, etc.) (attach additional sheets, if necessary):	
Applicant's Academic Program or Course(s) Proposed:	
Applicant's Choice of College or University:	
Parent's Name:	Parent's GHS Employee Number:

**Beginning date of program or course you are currently applying for:**

Enrollment start date:
Check One: <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Online
Degree: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please specify) <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other (Specify)

**Academic Course Description(s) only. List each course separately (continue on reverse side, if necessary):\***

Name of Course	Credits	Tuition or Fees per Semester

\*In the event a class schedule is not available by the application deadline, please submit a course outline listing the anticipated classes for the applicable semester.

Any questions should be directed to Gundersen Partners via email: [sgericks@gundersenhealth.org](mailto:sgericks@gundersenhealth.org).

<b>Gundersen Partners use only:</b> Date application received: _____	
Scholarship Committee Chair Signature: _____	Date: _____

