

GUNDERSEN PARTNERS

ENHANCING CARE THROUGH SERVICE AND GIVING

2022 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 / Job Title / Email Address:	

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.

Gundersen Partners use only: Date application received: _____
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