

**GUNDERSEN BOSCOBEL AREA HOSPITAL AND CLINICS PARTNERS
HEALTH CARE PROFESSIONAL SCHOLARSHIP
DEADLINE TO APPLY – March 15, 2023**

The Gundersen Boscobel Area Hospital and Clinics Partners sponsor an annual Healthcare Professional Scholarship in the amount of \$500.

Students and/or residents from Boscobel, Fennimore, North Crawford, Riverdale, River Ridge, and Wauzeka-Stueben school districts will be considered. Employees and/or employee dependents will also be considered.

Applications and supporting documentation that are not submitted on the correct form, incomplete, filled out incorrectly, or not submitted by the deadline will automatically be disqualified from the selection process.

Completed application materials should be **mailed** showing a postmark of **March 15, 2023 or earlier** to:

Lisa Friar
Partners of Gundersen Boscobel Area Hospital and Clinics
205 Parker Street
Boscobel, WI 53805

It is the responsibility of the applicant to make sure that all of the necessary requirements are met, and all paperwork is submitted by the deadline. Please feel free to call Lisa Friar at 608-375-6201 or email lafriar@gundersenhealth.org to confirm receipt of your application by the deadline.

A scholarship committee designated by the Gundersen Boscobel Area Hospital and Clinics Partners will select a deserving applicant. This committee reserves the right to deny any application with or without cause for said denial.

Consideration will be given to the applicant's participation in school and community activities, scholastic achievement, and personal references. A personal interview may be requested.

If any scholarship recipient resigns or withdraws from their designated health care field school for any reason, the sum of money awarded must be repaid within one year of the date of resignation or withdrawal to the Scholarship Fund of the Gundersen Boscobel Area Hospital and Clinics Partners.

The statement of requirements and conditions constitutes a part of each applicant's application and is made binding on each applicant when he or she, as well as their parents, if applicable, sign and file the application.

APPLICATION PACKET TO INCLUDE THE FOLLOWING: (Please send all application materials in one envelope.)

1. Completed application.
2. Official transcript of grade-point average.
3. Two letters of reference.
4. Do not use staples. Send one sided pages only.

Application materials must be mailed with a postmark no later than the deadline of **March 15, 2023 to:**

Lisa Friar
Partners of Gundersen Boscobel Area Hospital and Clinics
205 Parker Street
Boscobel, WI 53805
608-375-6201

Scholarship Payment

The scholarship will be paid directly to the student upon successful completion of the first semester of post-high school study, verification of enrollment for the second semester and official proof of a standing GPA of at least 3.0. This information must be sent to Gundersen Boscobel Area Hospital and Clinics, Lisa Friar, at 205 Parker Street, Boscobel, WI 53805, postmarked no later than March 15, 2024.

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Applicant's Name: _____

Address: _____

Date of Birth: _____

High School Name: _____

Year of Graduation: _____ Standing in Class _____ Of _____

Applicant's choice of college/vocational school (name and address):

Applicant's Intended Career in Health Care: _____

College enrolled in or college plan to attend: _____

Length of Program: _____ Anticipated date of graduation: _____

Please list school activities in which you have participated:

Please list community activities in which you have participated:

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APPLICANT'S AGREEMENT

The applicant hereby states that he/she has familiarized him/herself with the rules established for the Gundersen Boscobel Area Hospital and Clinics Partners, and that:

- His/her qualifications meet the basic requirements for the scholarship and for college entrance.
- He/she intends to abide by all provisions set forth in the rules and agrees to accept, as final, the decisions agreed upon by the Scholarship Committee of the Gundersen Boscobel Area Hospital and Clinics Partners.

Further, the applicant selected agrees not to hold liable the committee as a whole, or its members, or the Gundersen Boscobel Area Hospital and Clinics Partners to any obligations, financial or otherwise, other than those stipulated in the rules, if it becomes necessary at any time to discontinue said scholarship.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian
(If under the age of 18)

Date