



Howard Young Medical Center, Inc.

**2024 Application for Educational Scholarship Sponsored by:
The Medical and Allied Health Professional Staff of
Howard Young Medical Center in the amount of \$1,500.00**

Deadline – April 19, 2024

Date: _____

Personal Information:

Name: _____

Home Mailing Address: _____

Telephone: _____

Cell Phone: _____

E-mail: _____

Present Occupation: _____

Name and Address of Employer: _____

Scholarship Criteria*

1. Applicant must be an area High School graduate or resident (preference to Lakeland area)
2. Applicant must be planning to seek secondary education in a healthcare related field.*
3. Applicant must be registered and accepted at a secondary educational institution.
4. Applications will be considered based on the following criteria*:
 - Desire to pursue career in healthcare related field
 - Grade point average of 3.0 or greater

* At the completion of their educational experience, it would be desirable that the recipient be willing to work at HYMC should a position be available.

* Any exception to these criteria may be reviewed and considered by the Scholarship Committee.

Scholarship Process

1. Obtain scholarship application from Lakeland Union High School or from Wendy Hunter, Medical Staff Coordinator - (715) 356-8068 or wendy.hunter@aspirus.org
 2. Please include two letters of recommendation with this application or have them mailed directly to the address below. One letter should preferably be from a Supervisor, Manager, or Director within Howard Young Health Care, and the other a general character reference (not from a relative or fiancé).
 3. Completed applications should be returned to Wendy Hunter, CPMSM, Medical Staff Services, Howard Young Medical Center, PO Box 470, Woodruff, WI 54568
 4. Selected applicants may be chosen for an interview (optional).
 5. The scholarship recipient may be asked to attend a dinner with the respective scholarship donor (Medical Executive Committee) (optional).
 6. The scholarship recipient will be required to provide proof of enrollment in a healthcare related program.
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Educational Goals

1. What is your career choice? _____
2. What school do you plan to attend? _____
3. Have you been accepted? Yes _____ No _____
4. What is your planned course of study? _____
5. What degree will you work toward? _____
6. When will the school term begin? (month/year) _____
7. Will you attend full or part time? _____
8. When do you hope to complete your studies? _____
9. Why do you wish to pursue a career in health care? _____

10. How will this program fit into your career objective? _____

School Expenses

1. List below the annual expenses at the school you will attend:

Tuition and fees for next year	\$
Room and board for next year	\$
Books and supplies	\$
Miscellaneous and personal expenses	\$
<i>Total expenses for next year</i>	\$

2. Describe any special circumstances concerning your need for financial aide:

Educational Background

(Attach additional pages if needed)

1. High School name and location: _____

a. Years attended: _____

b. Date graduated: _____

c. Cumulative GPA : _____

2. College or Professional School (if more than one, attach information)

a. Years attended: _____

b. Date graduated: _____

c. Cumulative GPA: _____

d. Degree: _____

e. Major: _____

f. Cumulative GPA on 4.0 scale: ____

3. Additional Education:

4. List any extracurricular activities and any honors received:

Employment Record
(List present and former employers)

Dates	Name and Address	Position

Essays

On additional sheets of paper, please include the following:

1. Write a brief statement about your educational and career goals.
2. Personal Statement: Discuss any circumstances, experiences, plans or personal thoughts you wish the scholarship committee to consider when evaluating your application.

Signature: _____ Date: _____

Printed Name: _____