

Holy Family Medical/Dental Endowment Scholarship Application

Holy Family Medical/Dental Staff has established a Medical/Dental Endowment Scholarship to help prepare today's students for the challenges of healthcare in the future.

Five scholarships will be available for \$2,000 each for any high school or college student pursuing a degree in a medical field.

The criteria for the scholarship are:

- **Acceptance at an accredited college, university, or technical school**
- **A Manitowoc County resident**
- **A grade point average of 3.0 or above is desired**
- **An essay that describes your health career objectives & financial need**

Application procedure:

Application must include the following:

1. Completed Application Form
2. Three letters of reference preferably one teacher, one workplace, and one personal
3. Most current grade transcript
4. A 200-300 word essay to include how this scholarship would help you pursue your goals, career objectives, and aspirations

Incomplete applications will not be eligible.

Guidelines:

The Holy Family Medical/Dental Endowment Scholarship may only be used for tuition. If scholarship money is awarded and not applicable for tuition, the money must be returned to Holy Family Memorial. The scholarship money will be sent directly to the school you attend and is to be used for tuition cost only.

Return applications by **May 8, 2018** to:

Rita Knowles, Director, Education and Operational Innovation
Holy Family Memorial
2300 Western Ave., P.O. Box 1450
Manitowoc, WI 54221-1450
(920)320-4081

Recipients will be notified June 1, 2018

Holy Family Medical/Dental Endowment Scholarship Application

GENERAL INFORMATION

Name _____
Last First Middle

Current Address _____
Street City/State/Zip

Phone _____ Social Security # _____

E-mail Address _____

Do you have a relative that works for HFM? Yes No If yes, name: _____

EDUCATION

School Presently Attending _____

Major _____ Expected Date of Graduation _____

Extracurricular Activities _____

SCHOOL/COLLEGE ACCEPTED TO:

School	Name & Address of School	Course of Study
Tech College		
College		

Anticipated Annual Costs: Tuition \$ _____ Fees \$ _____ Books \$ _____ Room \$ _____ Board \$ _____ Total \$ _____

If you are awarded an HFM scholarship, the entire amount will be sent directly to your school. Please provide the address of the Bursar's office:

Name Street City/State/Zip

VOLUNTEER EXPERIENCE (Please list any volunteer experiences – ie. Church, school, community, etc.)

IMPORTANT INFORMATION TO THE APPLICANT

Holy Family Medical/Dental Endowment Scholarship is awarded without regard to age, race, religion, creed, color, handicap (disability), marital status, sex, national origin, ancestry, sexual orientation, military reserve status or any other unlawful basis.

I certify that the information provided is complete to the best of my knowledge. Falsification of information will result in the scholarship becoming immediately due and payable in full to Holy Family Medical/Dental Staff.

SIGNATURE OF APPLICANT _____ **DATE** _____

Include with this application:

- 3 letters of reference Most current grade transcript 200-300 word essay to include goals, career objectives, aspirations, financial need