



SCHOLARSHIP APPLICATION

Check the scholarship(s) for which you are applying. Only one application is necessary to cover any or all scholarships.

- Technical College Scholarship
- David and Donna Demask Certified Nursing Assistant Scholarship
- Mary Larkin Memorial Scholarship
- Health Career Scholarship
- BRMH Volunteen Scholarship

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents'/Spouse's Name: _____ Their Occupation: _____

Are you currently employed? If yes, employer's name: _____ How long at employer: _____

Name of High School: _____ Year of Graduation: _____

Name of college and campus attending: _____

Current year/status in school: _____ Program: _____

Date of acceptance to school: _____ Present GPA (*Attach a copy of most recent transcript*): _____

Number of credits registered for/anticipate registering for: _____

List **ALL** financial aid you are receiving and amounts: _____

Essay: Type a brief essay explaining why you are interested in your chosen career and why you are applying for this scholarship. Include a summary of your personal and professional goals, involvement in school and/or community activities, and financial need. The **contents of your essay are very important** to your application and the committee's selection process.

Transcript: A copy of your most recent transcript is required with your application.

References: Attach three reference letters. If already attending college, one reference must be from an instructor. If not in college, one reference must be from a high school teacher or your employer. **Please request your references to comment on your characteristics as related to motivation, leadership, concern for others, responsibility, emotional stability and cooperation.** Request your references to use supporting examples when appropriate. Choose your references carefully. All three reference letters must be **received by April 15th** for your application to be considered complete. If your references would prefer to send their letters directly to the committee, the letters can be mailed to Cindy Clark at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at clarkc@brmh.net. If emailing a letter, please follow-up with a phone call to Cindy at 715-284-1391 to ensure receipt of the email.

I do hereby give my consent to Partners of Black River Memorial Hospital to release any information on this application to the Selection Committee. I also certify that all the information I have provided on this application is true and complete. If I am selected to receive a scholarship, I consent to having my name placed in the local papers with a press release from the hospital and my photo and name in the hospital and Partners' newsletters. If I do not complete this course of study for any reason, I will repay the Partners of Black River Memorial Hospital the amount of money awarded to me within one year.

Signature: _____ Date: _____

**Return this application with current transcripts, three reference letters and essay by April 15 to:
Black River Memorial Hospital, Attn: Cindy Clark, 711 West Adams Street, Black River Falls, WI 54615.**