AVAILABLE SCHOLARSHIPS

TWO (2) HEALTH CAREER SCHOLARSHIPS: These scholarships are to be awarded to qualified third year, or above, college students who have been accepted into a health-related program (OT, PT, Pharmacy, Nursing, etc.) at a non-technical college or university. **AMOUNT:** The amount will be $2,000.00 each, payable on or before August 15 to two selected recipients.

TWO (2) TECHNICAL COLLEGE SCHOLARSHIPS: These annual scholarships are to be awarded to qualified students who have been accepted into a Technical College and is pursuing a health career. **AMOUNT:** The amount will be $1,000.00 each, payable on or before August 15 to two selected recipients.

DAVID AND DONNA DEMASK CERTIFIED NURSING ASSISTANT SCHOLARSHIP: This annual scholarship is to be awarded to a qualified applicant who has been accepted into a program for training as a Certified Nursing Assistant. **AMOUNT:** The amount will be $400.00 payable on or before the start of the program.

MARY LARKIN MEMORIAL SCHOLARSHIP: This annual scholarship is to be awarded to a qualified student who has been accepted in a health care program in a Technical College or a University and is pursuing a patient care health career. **AMOUNT:** The amount will be $1,000.00 payable on or before August 15.

BRMH VOLUNTEEN SCHOLARSHIP: This scholarship is to be awarded to a qualified graduating high school student who has been accepted into a two- or four-year college, university or technical school, and has served as a Black River Memorial Hospital Volunteer. **AMOUNT:** The amount will be $1,000.00, payable on or before August 15 to a selected recipient.

**APPLICANT QUALIFICATIONS:**

- Resident of Jackson County, *or*
- Graduated from a high school in Jackson County, *or*
- Currently employed at a health care facility/agency in Jackson County for a minimum of one year, *or*
- Has served as a BRMH Volunteer (for the Volunteer Scholarship).
HEALTH CAREER SCHOLARSHIP

QUALIFICATION: These scholarships are to be awarded to qualified third year, or above, college students who have been accepted into a health-related program (OT, PT, Pharmacy, Nursing, etc.) at a non-technical college or university. Each recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

CRITERIA: The selection of each recipient will be based on academic performance, financial need, demonstrated health career interest, and leadership in school or community activities as stated in the essay portion of the application form.

APPLICATION PROCEDURE: Application forms are available on the Black River Memorial Hospital website at www.brmh.net under “About Us – Volunteers” or by writing to Cindy Clark at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at clarkc@brmh.net. Phone requests can be made by contacting Cindy at 715-284-1391. Applications must be completed and submitted to the Scholarship Committee by April 15th. A copy of your most recent transcript is required with your application.

SELECTION: Selection of each scholarship recipient will be done by a committee composed of members of the hospital Partners, a Guidance Counselor who will rotate each year from high schools in Jackson County and one community health professional.

AMOUNT: Two (2) scholarships will be awarded annually and applied toward the recipient’s academic fees. The amount will be $2,000.00 each. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.
MARY LARKIN MEMORIAL SCHOLARSHIP

QUALIFICATION: This annual scholarship is to be awarded to a qualified student who has been accepted in a health care program in a Technical College or a University and is pursuing a patient care health career. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

CRITERIA: The selection of the recipient will be based on academic performance, financial need, demonstrated interest in a patient care health career, and leadership in school or community activities as stated in the essay portion of the application form.

APPLICATION PROCEDURE: Application forms are available on the Black River Memorial Hospital website at www.brmh.net under “About Us – Volunteers” or by writing to Cindy Clark at Black River Memorial Hospital, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at clarkc@brmh.net. Phone requests can be made by contacting Cindy at 715-284-1391. Applications must be completed and submitted to the Scholarship Committee by April 15th. A copy of your most recent transcript is required with your application.

SELECTION: Selection of the scholarship recipient will be done by a committee composed of members of the hospital Partners, a Guidance Counselor who will rotate each year from high schools in Jackson County and one community health professional.

AMOUNT: The scholarship will be awarded annually and applied toward the recipient's academic fees. The amount will be $1,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.
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 Volunteer 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 clarke@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.