



February 1, 2011

Dear Scholarship Applicant:

Thank you for your interest in applying for a health career scholarship through the Osceola Community Health Foundation's Scholarship Fund. The Foundation is dedicated to supporting the education of individuals pursuing careers in a health care field.

The Nancy Smith Scholarship Fund was established in 2003 after her untimely death. Donations have been made to this fund from her family, friends and community organizations in memory of Nancy.

Background regarding Nancy's education and work history is provided to facilitate an appreciation of the significance of this scholarship gift.

Nancy worked at Osceola Medical Center for nearly 40 years starting as a 'tray girl' in dietary, advancing to a LPN in the clinic and later in life went back to school to get her RN. She was a valued employee dedicated to OMC and to providing excellent care to patients. Nancy's drive to further her education and dedicated years of health care service at OMC led the Osceola Community Health Foundation to establish the Nancy Smith Scholarship Fund.

Thank you once again for your interest in this scholarship opportunity. We wish you the best as you further your education.

Please return your completed applications by April 1, 2011 to:

Osceola Community Health Foundation, Inc.
Attn: Sue Gerlach, Foundation Director
2600 65th Avenue
P.O. Box 218
Osceola, WI 54020
Phone: 715-294-5789 Email: susang@osceolamedicalcenter.com

"Building healthy communities by fostering charitable support for the Osceola Medical Center and the health related needs of the people in the upper St. Croix Valley."

Sincerely,

Sue Gerlach
Foundation Director

**OSCEOLA COMMUNITY HEALTH FOUNDATION, INC.
NANCY SMITH SCHOLARSHIP FUND**

Deadline for receipt of application: April 1, 2011

All information will be treated confidentially. Please complete entire application.
Incomplete applications will not be considered.

Name: _____

Address: _____

_____ (City) _____ (State) _____ (Zip)

Phone: _____ (Home) _____ (Alternate number)

Degree/Certificate/Course Being Pursued: _____

Major Field of Study: _____

Approximate Date of Post Secondary Graduation: _____

Have you been accepted by an accredited school, college or university? Yes No

School Attended/Attending: _____

School's Address: _____

_____ (City) _____ (State) _____ (Zip)

High School GPA _____
(High School applicants *only*. Attach transcripts.)

College Cumulative GPA _____
(Attach post-secondary transcripts.)

School Attended/Attending: _____

School's Address: _____

_____ (City) _____ (State) _____ (Zip)

Total hours worked per year: _____
Worked in a health related field? Yes No

Total hours volunteered per year: _____
Volunteered in a health related field? Yes No

Signature of Applicant: _____

Date: _____

Applicant check list:

All applications must include the following:

- Completed and signed application form
- High School transcripts and post-secondary transcripts (High school transcripts are required for high school applicants only.)
- Personal Statement: Please describe the health career you have chosen and what influenced your choice. Outline your goals and your plan to achieve them. Please limit your personal statement to one type written page with minimum size 12 font.
- Activities: Please include information on extracurricular activities you have been involved in within high school, in the community and post high school graduation. Indicate if you have been involved in any volunteer work in a health related area.
- Employment: Please list the jobs you have held and the total number of hours worked per year. Indicate if you worked in a health related field.
- References: Attach reference letters to this application or ask references to be mailed directly to Osceola Community Health Foundation by the deadline.
 - One letter of recommendation from a teacher or counselor familiar with your school performance.
 - One letter of recommendation from someone *not* related to you or affiliated with your school (e.g. supervisor, neighbor, friend, etc.)

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