



PARTNERS SCHOLARSHIP

sponsored and funded by

Partners of Osceola Medical Center

Purpose:

The Partners has established a scholarship fund to provide financial assistance for an adult student beginning or continuing education in a medically related field of study.

Awards:

OMC Partners' Scholarship awards shall be limited to one high school senior and one post-secondary student. One scholarship in the amount of \$1,000 will be awarded to each.

Eligibility Criteria:

1. Applicant must be accepted at an accredited educational institution to pursue a health related degree.
2. Applicant must be a resident of Osceola, Wisconsin or adjacent areas of Wisconsin or Minnesota.
3. Complete application must be received by April 1, 2010.

Please return completed application to: Sue Gerlach
Osceola Medical Center
P.O. Box 218
Osceola, WI 54020

Note: There shall be no discrimination based on race, creed, color or sex of scholarship candidate.



**PARTNERS OF OSCEOLA MEDICAL CENTER
SCHOLARSHIP FOR CONTINUING EDUCATION**

Deadline for receipt of application: April 1, 2010

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

Name: _____

Address: _____

(City) (State) (Zip)

Phone: _____
(During school year) (alternative number)

Major Field of Study: _____

Degree/Certificate Being Pursued: _____

Approximate Date of Post Secondary Graduation: _____

School Attended/Attending: _____

School's Address: _____

(City) (State) (Zip)

Name of High School attended: _____

Post-Secondary Grade Point Average: _____ *(Attach transcripts from college or technical school)*

Signature of Applicant: _____

Date: _____

Applicant check list:

All applications must include the following:

- Completed and signed application form
- Post-secondary transcripts
- Personal Statement: Please describe the health career you have chosen and what influenced your choice. Outline your goals and your plan to achieve them. Include information on extracurricular activities you have participated in and describe any awards you may have received. List the jobs you have held or volunteer work you have done and any influence they may have had on your health career choice. Please limit your personal statement to one type written page with minimum size 12 font.
- References: Attach reference letters to this application or ask references to be mailed directly to Osceola Medical Center 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.)

Osceola Medical Center
Sue Gerlach, Foundation Director
2600 65th Avenue
P. O. Box 218
Osceola, WI 54020
715-294-5789
susang@osceolamedicalcenter.com