Scholarship Guidelines & Application

Introduction
The Hudson Hospital Foundation Scholarship is awarded to a graduating high school seniors from Hudson Hospital & Clinic’s service area with plans to attend a college or university to pursue a career in the medical or healthcare field.

Scholarship Amount
Hudson Hospital Foundation will provide up to five (5) $2,000 scholarships to graduating high school students within Hudson Hospital & Clinic’s service area. Each scholarship will be valued at $2,000.

Distribution of the Scholarship
$1,000 will be allocated after the first semester of the first year upon submission of the first semester grade transcript.

The second $1,000 will be allocated the second year of college after the first year upon submission of the first year grade transcript.

The scholarship recipients must send their first semester transcript and first year transcript to the following address in order for their scholarship funds to be released. Scholarship recipients should also supply a copy of their W9 for payment processing.

Hudson Hospital Foundation
405 Stageline Road
Hudson, WI, 54016

Requirements
Please submit your application no later than March 2, 2020.

High school seniors residing in Hudson Hospital & Clinic’s service area with plans to pursue a career in the healthcare field are eligible to apply. For example, students planning to study to become a physician, nurse, lab technician, physical therapist, occupational therapist, dentist or dental hygienist, or a certified nursing assistant are all encouraged to apply.

Financial need and current volunteer work in the healthcare field are also considerations in the selection of scholarship recipients.

The scholarship recipient must maintain a 2.5 grade point average in order to receive both scholarship payments.

The Scholarship Committee will confirm the scholarship recipient remains in the healthcare field in their second year of college. If the scholarship recipient no longer plans to study in a healthcare field, then the foundation board will review and determine whether to continue the second year financial scholarship payment.
Award Selection Criteria
A scholarship selection team from the Hudson Hospital Foundation will determine the five scholarship recipients.

Award Acknowledgement:
We request that recipients attend the Hudson Hospital Foundation board meeting in May, 2020 to thank the board members.

Hudson Hospital Foundation Contact Information: Tessa Boury
Tessa.m.boury@hudsonhospital.org or 715.531.6024
Scholarship Application

Student Name __________________________  Last  First  MI

Address ________________________________________________________________

Street

City  State  Zip Code

Telephone: _____________________________  Email: ___________________________

Name of Parent (s) Guardian: ___________________________________________

Address: ____________________________________________________________

What college do you plan to attend? ______________________________________

This scholarship is awarded to an individual with plans to pursue a career in the healthcare field. What are your educational plans and intended program of study?

Please describe your career goals:

Do you have a financial need for this scholarship? Please give a brief explanation: (Note, financial need is a consideration for this scholarship.)

High school G.P.A.______# in Graduating Class_______Class rank _______
What **academic awards** have you received during high school? Please list on separate sheet if necessary.

What **school activities** have you participated in during high school? Please list all activities, years participated, and any descriptions that would be helpful in determining whether to award this scholarship to you.

What **community activities** have you participated in during high school? Please provide a narrative of your extracurricular activities, especially those where you have volunteered your time in the healthcare field. (Please feel free to attach a separate sheet if necessary).

Have you been employed during high school? Please explain any work experience or work history below.

Please tell us why you are the most deserving individual to receive this scholarship?

Please provide **2 letters of recommendation** as attachments to this application.
Student Signature: ___________________________ Date: __________________

Counselor’s Comments & Recommendations: