



Scholarship Guidelines & Application

Introduction

The Hudson Hospital Foundation Scholarship is awarded to a graduating High School Seniors from the Hudson 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 Hudson High School graduating Senior's or any other private school student who resides in the Hudson 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 semester upon submission of the first semester grade transcript. The scholarship recipients must send their first semester grades to the Hudson Hospital & Clinic, attention Kari Rambo, Hudson Hospital Foundation, 405 Stageline Road, Hudson, WI, 54016.

Requirements

High School Seniors residing in the Hudson area with plans to pursue a career in the medical or healthcare field. E.g. Physician, Nurse, Lab Technician, Physical Therapist, Occupational Therapist, Sports Medicine, Dentistry, Nursing Home Care Provider, etc. Volunteering in the Healthcare Field is a plus. Financial need is a consideration.

The scholarship recipient must remain in good academic standing and maintain a 2.5 grade point average in order to receive the scholarship payments. The Foundation scholarship committee will review the transcripts upon arrival and reserves the right to suspend its commitment to the awardee until the grade point average reaches the required level.

It is important for the Scholarship Committee to confirm that the scholarship recipient remains in the health care field in their second year of college. If they are not, the Foundation Board should review and determine whether to terminate the second year financial scholarship allocation.

Award Selection Criteria

A scholarship selection team from the Hudson Hospital Foundation will determine the five scholarship recipients.

Award Acknowledgement:

Recipients will be asked to attend the Foundation board meeting in May to thank members.

Hudson Hospital Foundation Contact Information: Kari Kane Rambo – 715.531.6075
kari.k.rambo@hudsonhospital.org



Scholarship Application

Student Name _____
Last First Middle Initial

Address _____
Street
City State Zip Code

Telephone: _____ Email: _____

Name of Parent (s) Guardian: _____

Address: _____

Number in Siblings & Ages: # _____ Ages _____

What College do you plan to attend? _____

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

Describe your career goals.

Explain your financial need for this scholarship: (Financial need is a consideration for this scholarship).

High school G.P.A. _____ # in Graduating Class _____ Class rank _____

Academic Awards: Please list on separate sheet if applicable

What **school activities** have you participated in during your high school career? Please give complete description, years participated, list all activities. (i.e. sports, music, clubs)

What **community activities** do you or have you participated in? Please provide a narrative of your extracurricular activities, especially those where you have volunteered your time and have served the Hudson community or elsewhere. (Please feel free to attach a separate sheet if necessary).

Have you held a job during high school? Explain.

Why do you believe that you are the individual that should receive this scholarship?

Letter(s) of recommendation. Please attach to application.

Student Signature: _____ Date: _____

Counselor's Comments & Recommendations: