



## Baccalaureate Nursing Scholarship Program

### 2020 - 2021 Scholarship Application

Marshfield Clinic is funding a scholarship program that will benefit multiple junior and senior BSN nursing students. The funds will be paid directly to the university in the student's name. Please note that preference may be given to:

- Students whose permanent address is within the Marshfield Clinic Health System service area
- Family members of Marshfield Clinic Health System employees
- Former Marshfield Clinic employees

**Please note:** Current Marshfield Clinic Health System employees pursuing advanced nursing degrees are encouraged to participate in the Tuition Reimbursement Program.

#### Eligibility Requirements

- **Must be accepted as a full-time student at a Wisconsin BSN Nursing Program and be enrolled as a "Junior" for the next academic year.**
- Must demonstrate GPA requirements in maintaining a "B" average (3.0 on 4.0 grade point average system) or better during all post high school courses.
- Scholarship will be for tuition only; excludes books and fees.
- Scholarships are awarded annually, and are not automatically renewable. Students must reapply each year for consideration.
- Students may receive more than one scholarship from other funding institutions, and other sources, however, Marshfield Clinic's BSN Scholarship funds cannot exceed the cost of attendance of their university. For example, if a student receives scholarships amounting to more than the total amount of attendance/tuition, the Marshfield Clinic BSN scholarship may be reduced or adjusted accordingly to the remaining amount of the cost of attendance/tuition. This will be determined by the Scholarship Committee coordinator to ensure the award amount does not exceed the tuition amount, validated by educational institution.
- Although financial need is not a prime consideration it may be a contributing factor in cases where two or more applicants have equal qualifications.
- Failure to complete and submit the application form by the assigned date/time in its entirety (aka incomplete application) will be immediate disqualification for scholarship consideration.

#### Application Process

- Complete the Marshfield Clinic Health System Scholarship Application.
- Students are required to type out their application – and submit electronically. All supporting information will be accepted as a PDF or Word document.
- Submitted application and supporting documents must be received no later than 5:00 p.m. of final application date (as indicated on website).

#### In addition to the application:

- **Submit your application documents as one unit to Lori Krasselt at [Krasselt.lori@marshfieldclinic.org](mailto:Krasselt.lori@marshfieldclinic.org). Applications will not be considered unless the following listed documents are submitted together and received by deadline date and time:**
  - Completed Marshfield Clinic Health System Scholarship Application
  - Copy of full academic official University transcripts (including previous academic semester)
  - Two (2) letters of recommendation
    - One letter from a professor or faculty
    - One letter from a community leader
- Final selection will be made by the BSN Scholarship Committee and all communication to participants will be sent via e-mail address by the Scholarship Committee coordinator.

## Personal Information

Name (PRINT)		Date (month/day/year)
Current street address		
City	State	ZIP code
Permanent street address		
City	State	ZIP code
Phone numbers: Cell		Home
E-mail address		

## Education

High school name	
Describe major accomplishments	
Post high school/college	
Overall college GPA	Academic standing as of Fall 2020: <input type="checkbox"/> Junior <input type="checkbox"/> Senior

## Volunteerism

Describe your current (within last 2 years) community/charitable services (volunteerism activities – e.g. Red Cross, animal shelter, church, etc.)
Describe your previous (more than 2 years ago) community/charitable services (volunteerism activities – e.g. Red Cross, animal shelter, church, etc.)
Describe any current volunteer activities <b>in a patient contact role</b> (with direct patient care – e.g. hospital, nursing home, etc.)

## Work Experience *(present or most recent first)*

Employer	Dates		Position (hours per week):
	From	To	
Employer address			
Duties			
Employer	Dates		Position (hours per week):
	From	To	
Employer address			
Duties			

## Work Experience *(continued)*

Employer	Dates		Position (hours per week):
	From	To	
Employer address			

Duties \_\_\_\_\_  
\_\_\_\_\_

## Professional Organizations

List your memberships within professional organizations, and identify the length of service or participation, and what role you held (officer, member, etc.)

Member of the Student Nurses Association (note if an officer or member) \_\_\_\_\_  
\_\_\_\_\_

Member of other nursing organization (list name of organization) \_\_\_\_\_  
\_\_\_\_\_

Other recognized awards (list) \_\_\_\_\_  
\_\_\_\_\_

Other recognized scholarships (list) \_\_\_\_\_  
\_\_\_\_\_

### Check all that apply:

I am a student whose permanent address is within the Marshfield Clinic Health System service area

I am a former or current Marshfield Clinic Health System employee with less than 20 hours per week, considered "casual status"

I am related to a current Marshfield Clinic Health System employee (if related, list name(s) of relatives, relationship, department and center where they are employed, and length of time employed)  
\_\_\_\_\_  
\_\_\_\_\_

Describe the potential impact this scholarship would have on you (300 words or less)

My electronic or handwritten signature signifies that the information provided in this scholarship application is accurate and truthful. Any willful omission of falsification will preclude me from receiving scholarship consideration or funds. I release academic information to the Scholarship Committee.

Applicant signature \_\_\_\_\_ Date (m/d/y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_