

Annual Education Scholarship Application

for Marshfield Medical Center - Ladysmith Employees
Sponsored by the Partners of Marshfield Medical Center - Ladysmith

REQUIREMENTS:

1. Completed scholarship application
2. One (1) year of employment at Marshfield Medical Center - Ladysmith completed
3. Scholarship money must be utilized within twelve (12) months

CRITERIA FOR SELECTION:

1. Work record
2. Health career aptitude and work interest
3. Demonstrates initiative
4. Facility needs and goals
5. Financial need

SELECTION: Selection of the recipient will be determined by the Partners of Marshfield Medical Center - Ladysmith Scholarship Committee.

Scholarships will be awarded at the annual Partners of Marshfield Medical Center - Ladysmith annual meeting.

Please return the completed application to Carolyn Welsch, Volunteer Services Coordinator. (Application is on reverse side)

*** If you have already applied or received a scholarship in the past, please feel free to apply again.**

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

1st Date of Continuous Employment: _____

Current Department: _____

College or Training Institution you plan to attend:

Address of above: _____

Have you been accepted at the above College/Institution? () Yes () No

- If yes, please attach a copy of your acceptance letter

EDUCATION:

Schools Attended	Name & Location	Dates Attended	Area(s) of Study
Elementary School			
High School			
College			
College			

Please complete and attach a brief statement regarding your education plans as well as your goals upon completion of your education program. Also, include a statement of why you have applied for the scholarship and why you feel you should be selected.