



Highland Community College
SCHOLARSHIP APPLICATION

DEADLINE: June 1, 2025 for scholarship consideration.

Please include:

- Application
- Letter of Recommendation/Support
- Student Essay
- Student Release of Information

Monroe Clinic & Hospital Foundation is offering a scholarship at Highland Community College for student(s) interested in the Medical Assistant Program for anyone with a financial barrier.

Goal: Monroe Clinic & Hospital Foundation will be assisting an individual who may have a financial burden and is unable to otherwise attend Highland Community College (HCC). Our goal is to financially assist and admit a well-rounded student into the HCC Medical Assistant Program who is academically able to meet the challenges of the curriculum and someone who is well suited for a healthcare profession. After completion of the program, it is **NOT** a requirement that the individual works for SSM Health.

Please Print:

Last Name: _____

Middle Name: _____

First Name: _____

Phone: _____

Address: _____

(Current Address including City, State, & Zip Code)

Current Email Address: _____

Will transportation be an issue if chosen for this scholarship: YES NO

I am currently working in the health care field: YES NO

I am currently enrolled at Highland Community College: YES NO

I have applied for the HCC Medical Assistant Program: YES NO

Career Goals:

Letter of Support: Applicants will be required to obtain 1 letter of support from a professional source. The review committee is looking for substantial comments about the applicant and his/her suitability for a healthcare profession. The letter of support can come from a current Supervisor, Instructor, Guidance Counselor, Co-worker, Community Leader, or other professional sources. We do not accept references from family and friends. The letter should be included with the other application materials by the deadline.

Essay requirements: Students are required to submit a typed, 1-1 ½ page essay answering the following questions.

- Why are you interested in becoming a medical assistant?
- If you were awarded this scholarship how would this help you to meet your career goals?

The essay will be evaluated for writing ability, clarity, and demonstration of financial need. We encourage students to have their essays read by others to check for grammatical errors before submitting them. Applications without an essay will not be evaluated.

For scholarship questions, please contact Rachel Meier at rachel.meier@ssmhealth.com.

To learn more about the Medical Assistant Program, contact Alicia Kepner @ 815-599-3657 or by e-mail at alicia.kepner@highland.edu.

Applications can be sent to:

SSM Health Monroe Hospital
Attention: Rachel Meier/MA Scholarships
515 22nd Ave.
Monroe, WI 53566

Or email to: rachel.meier@ssmhealth.com



**HIGHLAND
COMMUNITY
COLLEGE**



Student Release of Information

The Family Educational Rights and Privacy Act (FERPA) is designed to protect the privacy of a student's educational records. Records will not be released without prior written consent from the student. If you wish to permit another person or agency to have access to your record, please complete this form. This document will not become valid until all sections are completed and a Highland Community College representative is present to sign as a witness.

Student Information –Please Print Clearly

Name:

Address:

Phone Number:

Student Id:

I authorize Highland Community College to release the records indicated below to the following individual(s):

Name:

Relationship:

Name:

Relationship:

This authorization expires on

____/____/____
(Month, day, and year)

I authorize Highland Community College to release the following information from my educational record:
(Check all that apply):

Academic Info	Financial Aid/Veterans Benefits	Student Account Info	Instructor
<input type="checkbox"/> Grades	<input type="checkbox"/> Awards/Benefits/Loans	<input type="checkbox"/> ROAR account	<input type="checkbox"/> Questions
<input type="checkbox"/> GPA	<input type="checkbox"/> Application Data	<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Grades
<input type="checkbox"/> Enrollment Status	<input type="checkbox"/> Disbursements	<input type="checkbox"/> Billing Activity	<input type="checkbox"/> Student Progress
<input type="checkbox"/> Registration	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Payments/Balance	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____

I authorize SSM Health to release the following information to Highland Community College: (Check all that apply):

- Enrollment Status**
- Registration**
- Class Schedule**
- Billing Activity**
- Payments/Balance**
- Awards/Benefits/Loans**
- Application Data**
- Disbursements**

I hereby authorize HCC to release confidential information about me contained in the College's records. I agree to hold HCC and its employees harmless for any unauthorized use of my student records obtained by the above party.

Student Signature

Witness Signature

Today's Date

Today's Date