



# 2024 SCHOLARSHIP APPLICATION

SPONSORED BY THE VOLUNTEERS

## 1 PERSONAL DATA

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parents or Guardians: \_\_\_\_\_  
 Number of Siblings and Ages: \_\_\_\_\_  
 Name of School Currently Enrolled In: \_\_\_\_\_  
 Healthcare Career You Are Considering: \_\_\_\_\_  
 College at Which You Have Been Accepted: \_\_\_\_\_

## 2 FINANCIAL DATA

To enable the committee to select scholarship recipients, it is necessary to evaluate financial need, as well as scholastic achievements, character, etc. For this reason, you are asked to provide the following information which will be treated as confidential.

A. List your total expenses for your first year of schooling using cost data provided by the institution you plan to attend.

Tuition \_\_\_\_\_ Books \_\_\_\_\_  
 Housing \_\_\_\_\_ Other \_\_\_\_\_

B. How much can you provide toward this from your own earnings and/or savings? \$ \_\_\_\_\_

C. How much will your parents provide financially per year? \$ \_\_\_\_\_

D. Have you received any other scholarships or grants to assist in financing your education?  Yes  No

If yes, please explain: \_\_\_\_\_

## 3 VOLUNTEER ACTIVITY

Have you volunteered for St. Agnes Hospital?  Yes  No \_\_\_\_\_ Year \_\_\_\_\_ Hours

## 4 SHORT WRITTEN ESSAY (Answer the following questions, not exceeding two typewritten double-spaced pages.)

- A. Why are you choosing to enter this healthcare field?
- B. To date, what have you done to demonstrate your interest in this health field?
- C. Describe how you have made a difference in school or in your community.
- D. How do you plan to finance your education?

## 5 COMMUNITY & SCHOOL ACTIVITIES

List the community and school activities in which you participated, and any offices held or honors received while in high school.

| SCHOOL ACTIVITIES | YEARS PARTICIPATED: FR, SO, JR, SR |
|-------------------|------------------------------------|
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |



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| COMMUNITY/WORK ACTIVITIES Include volunteer work at SSM Health and any jobs held. | YEARS PARTICIPATED: FR, SO, JR, SR |
|---|------------------------------------|
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |

Additional sheets may be attached.

## 6 REFERENCES

Please list the names of three people as references for you. No more than one person may be a teacher in the high school you are attending. Your references may be contacted by the committee.

| NAME | OCCUPATION | TELEPHONE |
|------|------------|-----------|
|      |            |           |
|      |            |           |
|      |            |           |

**I AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All portions of this application must be completed and mailed with your essay, as well as a transcript of your high school grades and class rank, to the address listed below:

**CONTACT:** Volunteer Services  
430 E. Division Street  
Fond du Lac, WI 54935  
920-926-4873

**ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 8, 2024.**

Scholarships awarded will be directed to the college on behalf of the student.