

2017 Academic Scholarship Program

SCHOLARSHIPS AVAILABLE FOR
FOND DU LAC, WINNEBAGO AND SURROUNDING COUNTIES.

About our scholarships

Eligible applicants are those who plan to study at an accredited college, university or technical school for any health-related career, including medicine, nursing, physician assistant, physical/occupational/speech therapy, medical technology, pharmacy, radiology technology, etc. Qualified applicants include high school seniors, and current undergraduate and graduate students.

Some Aurora Health Foundation scholarships are renewable for a maximum of four years. Qualified applicants are encouraged to apply for all eligible scholarships through the foundation. The final selection of scholarship winners is made by the Aurora Health Foundation Scholarship Advisory Group.

Available scholarships

Fond du Lac County

Aurora Health Center in Fond du Lac Scholarship(s)

Amount: \$500 non-renewable

Scholarships are awarded to students who are Fond du Lac County residents enrolled in an accredited medical, nursing or other health-related program.

Oshkosh and surrounding counties

Aurora Oshkosh Family Scholarship

Amount: \$1,000 non-renewable

This scholarship is available to all Aurora caregivers and family members residing in Winnebago and surrounding counties. Eligible family members are defined as spouse, children, grandchildren, parents and siblings. It is awarded to a student enrolled in a health care-related program. Traditional and nontraditional students are encouraged to apply.

Aurora Medical Center in Oshkosh Scholarship

**Amount: \$500/year, renewable for four years
(\$2,000 total)**

This is a renewable scholarship offered to those residing in Winnebago and surrounding counties and is awarded to a student enrolled in an accredited medical, nursing or other health-related program up to a maximum of four years. Although not required, preference is given to Aurora caregivers and their family members. All students, including nontraditional, are encouraged to apply.



Scholarship guidelines

The following general guidelines have been established for all Aurora Health Foundation scholarships. Additional guidelines and requirements may be included under specific scholarship headings. To apply for an Aurora Health Foundation scholarship, an applicant must complete the following steps:

Use this as a checklist when preparing your scholarship application materials. ***Please do not use staples when submitting your information.***

- Complete and sign this scholarship application form and submit it, **along with all requested materials, postmarked by Friday, March 17, 2017.**
- Recipients of renewable scholarships must continue to be enrolled in a health care-related program in order to continue receiving their second through fourth scholarship payments.

Applicants also must:

- Be accepted or have acceptance pending at an accredited institution of higher learning.
- Reside or attend school in the county where the scholarship is being offered.
- Provide a minimum of one letter of recommendation from authoritative person who knows the applicant's abilities and strengths, and who knows the applicant

through an ***academic setting*** (i.e., teacher, guidance counselor, faculty advisor, school administrator or dean).

- Provide a minimum of one letter of recommendation from an authoritative person who is familiar with the applicant's abilities and strengths, and who knows the applicant through a ***non-academic setting*** (i.e., employer, coach, minister or pastor, or volunteer supervisor).
- Submit a copy of an official high school transcript (through a minimum of **seven semesters**).
- If the applicant has graduated from high school***, a copy of an official transcript from each institution of higher learning attended must be included. If possible, also include high school transcripts.
- Submit a copy of official college entrance exam scores (ACT and/or SAT, if applicable).
- Complete the personal essay (*see last page of this form*).
- If you are not a high school student, please include a paragraph about your circumstances in the essay.

All applicants will be notified by mail of the decisions made by the Scholarship Advisory Group. Actual payment of scholarship funds will be made directly to the institution of higher learning.

About Aurora Health Foundation

Part of the Aurora Health Foundation's goal is to be the leading provider of charitable resources for health care needs, community education and patient care in the communities it serves. Aurora Health Foundation awards a number of merit-based academic scholarships to deserving students who will be or who currently are pursuing a degree in a health care-related field. Scholarships are awarded primarily on the basis of outstanding academic achievement, leadership and volunteer activities. However, financial need may be taken into consideration when selecting winners.

Thank you for your interest in Aurora Health Foundation scholarships. If you have questions about these awards, please contact the Aurora Health Foundation at 414-219-4727.

2017 Aurora Health Foundation Scholarship Application

I am applying for the following scholarship(s):

Fond du Lac County

Aurora Health Center in Fond du Lac scholarship(s)

Oshkosh and surrounding counties

Aurora Oshkosh Family Scholarship
 Aurora Medical Center in Oshkosh Scholarship

Please print clearly in ink or type.

Name _____
Last name First name M.I.

Address _____
Street City ZIP County

Parent(s) name
(and address if different) _____

Email _____

Applicant's phone number (_____) _____ High school graduation date _____

Name and location of high school
you will or did graduate from _____

Cumulative grade point average _____ (on a _____ scale) Class rank _____ (out of _____ students)

ACT/SAT Scores					SAT scores (list three-digit number value in spaces provided below category)		
ACT scores (list two-digit number value in spaces provided below category)					SAT scores (list three-digit number value in spaces provided below category)		
English	Math	Reading	Science	Composite	SAT reading	SAT math	SAT writing
_____	_____	_____	_____	_____	_____	_____	_____

College or university you plan to attend or are currently attending _____

Degree or field of study you plan to pursue _____

Do you plan to seek employment with Aurora after completion of your education? Yes No

Please list any other scholarships and/or employee tuition reimbursement you have applied for and indicate any that already have been granted (include dollar amount).

2017 Aurora Health Foundation Scholarship Application *cont.*

Are you (or any family member) currently employed by or volunteer at Aurora Health Care? If so, please list the name, job title and facility where he/she works, and his/her relationship to you.

Please list any extracurricular activities and/or elected offices held during high school or afterward (include dates, positions held, etc.).

Please list any volunteer, community or church-related activities you are or have been involved in (include dates, positions held, etc.).

Please list any awards, special recognition or honors you have received in any area (including athletics).

What is your past work experience?
