



WinnMed

AUXILIARY

Auxiliary Health Career Scholarship

WinnMed Auxiliary Health Career Scholarship

The WinnMed Auxiliary provides an annual scholarship to encourage interested residents of Winneshiek County and employees of WinnMed or their dependents to enter health career professions or continue their education.

SCHOLARSHIP QUALIFICATIONS

1. The applicant must be a high school graduate (possess H.S. equivalency certificate).
2. The applicant must display the ability to profit from his or her chosen health career profession.
3. **Applicants must be residents of Winneshiek County enrolled in a Health Career Program.**
Resident of Winneshiek County is intended to be those students and families whose primary residence is in Winneshiek County. It is not intended to include students with a temporary Winneshiek County address/residency.
4. **Applicant may live outside of Winneshiek County if:**
 - a) they work at WinnMed and are continuing their education
 - b) or are a dependent of a WinnMed employee
5. The applicant must be accepted into an approved health care profession program by March 1, 2024.
6. Students are eligible once they have received their letter of acceptance into their Health Career Program and must present a copy of an acceptance letter with application.
7. **The acceptance letter into college is not acceptable. We request the letter stating you are accepted into your desired area of study such as nursing, physical therapy, etc.**

SCHOLARSHIP STIPULATIONS

1. **The recipient must correspond with the scholarship committee regarding his or her academic and related progress. This report is due one year following the scholarship award.**

SCHOLARSHIP APPLICATION

1. The applicant is to complete the WinnMed Auxiliary Health Career Scholarship Application and provide **three personal references** from persons other than immediate family, e.g. school personnel, employers, etc. For your own benefit submit the references with your application.
2. The applicant will provide the Auxiliary Scholarship Committee with a copy of the acceptance letter from his/her specific health career program from the accredited school.
3. The entire application form is to be completed and returned no later than **April 1st** to the Scholarship Chairperson. This includes personal references. Return to: WinnMed, Volunteer Services Department, 901 Montgomery St, Decorah, IA 52101.

SCHOLARSHIP SELECTION

1. The WinnMed Auxiliary Scholarship Committee will make the selection based upon the application and scholarship qualifications.
2. The scholarship recipient will be notified no later than April 15th.
3. A scholarship will be awarded to an individual only once.
4. You may reapply for this scholarship if you have not received it in a previous year.

**WINNMED AUXILIARY
HEALTH CAREER SCHOLARSHIP APPLICATION**

APPLICANT'S NAME _____
Last First Middle

MAILING ADDRESS: _____
Street City County State Zip

PHONE NUMBER: HOME _____ WORK _____

PARENTS/SPOUSE NAME: _____

ADDRESS: _____
Street City County State Zip

FATHER'S/MOTHER'S OCCUPATION: _____

SPOUSE'S OCCUPATION: _____

DATE OF BIRTH _____ NUMBER OF DEPENDENT BROTHER(S) & SISTER(S) _____

NAME OF HEALTH CAREER PROGRAM _____

LENGTH OF PROGRAM _____

NAME OF SCHOOL _____

ADDRESS: _____
Street City County State Zip

LAST HIGH SCHOOL/COLLEGE ATTENDED _____

ADDRESS: _____
Street City County State Zip

YEAR OF HIGH SCHOOL GRADUATION _____

HIGH SCHOOL GRADE POINT AVERAGE _____

PLEASE PROVIDE THREE PERSONAL REFERENCES. (NO IMMEDIATE FAMILY)

ATTACH A COPY OF THE ACCEPTANCE LETTER INTO YOUR HEALTH CAREER PROGRAM.

ON A SEPARATE SHEET OF PAPER, PLEASE COMMENT ON THE FOLLOWING ITEMS. (Please type)

1. YOUR NEED FOR FINANCIAL ASSISTANCE
2. THE ANTICIPATED COSTS OF SCHOOL
3. FINANCIAL ASSISTANCE & AMOUNT YOU ANTICIPATE RECEIVING FROM OTHER SOURCES
4. PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES
5. HONORS WHICH YOU HAVE RECEIVED
6. REASONS FOR ENTERING THIS FIELD OF TRAINING

THIS APPLICATION MUST BE SUBMITTED NO LATER THAN APRIL 1, 2024, TO BE FILED WITH THE SCHOLARSHIP CHAIRMAN OF THE WINNMED AUXILIARY.

**WINNMED AUXILIARY
Health Career Scholarship**

Personal Reference

Name of Applicant: _____

In regards to the above applicant, how would you describe the following:

Character:

Reliability/Dependability:

Leadership:

Professional Behavior & Appearance:

Explain how you know this applicant, how long you have known this applicant, and your recommendations for this scholarship.

Print Name

Date

Signature and Position Held

Please return this form to the scholarship applicant for submission.