



**WinnMed**  
AUXILIARY

**Auxiliary Health Career Scholarship**

## Scholarship Application Guidelines

Applicants must meet all the criteria to be eligible for the scholarship.

### Eligibility Requirements

- **Student Status:**
    - The applicant must be a college undergraduate or graduate student currently enrolled and actively taking classes in the Health Career program of their choice.
  - **Program Acceptance:**
    - Applicants must be accepted into an approved healthcare profession program by March 1, 2026. This acceptance must be in a specific health career program, not just general college admission.
  - **Residency Requirement:**
    - Applicants must be residents of Winneshiek County. Residency is defined as having a primary residence in Winneshiek County and is not intended for students with a temporary address or residency in the area.
- Exceptions to Residency:*
- Applicants living outside of Winneshiek County may still qualify if they meet one of the following conditions:
    - They work at WinnMed and are continuing their education.
    - They are dependents of a WinnMed employee.

### Application Requirements

- **Career Potential:**
  - Applicants must submit an essay about why they want to have a career in their chosen health field. Maximum 500 words, minimum 450 words. This includes demonstrating a clear understanding of how their education and career path will benefit their future career in healthcare.
- **Financial Need/Involvement:**
  - Please include
    - A statement on financial need and how this scholarship will benefit you.
    - A summary of extracurricular activities or community involvement that you participate in.
- **Specific Documentation:**
  - Letter of acceptance into their Health Career Program. An acceptance letter into college is not sufficient. Applicants must submit a letter stating acceptance into their specific area of study, such as nursing, physical therapy, etc.
  - An unofficial transcript from your current or most recently attended college.
  - **Two** references must be submitted with the application. One personal reference (must be a non-family member: former employer, neighbor, community member, etc.) and one current professional (professor, co-worker, employer, etc.). References may be submitted with the application.

Please ensure all required documentation is submitted with the application by the specified deadline to be considered for the scholarship.

Scholarship submission checklist:

- ☐ Application
- ☐ Admission letter to Health Career Program
- ☐ Unofficial Transcript
- ☐ Two references
- ☐ Essay on your chosen field of study
- ☐ Statement on financial need
- ☐ Summary of involvement

Please complete the above and send it to WinnMed Attn: Volunteer Services Department, 901 Montgomery Street, Decorah, IA 52101 no later than April 1, 2026.

### 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 30<sup>th</sup>.
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.

### Scholarships

Up to five \$1,000 scholarships will be awarded. Scholarships will be based 50% on essay, 25% on financial need and 25% on involvement.

# WinnMed Auxiliary Health Career Scholarship Application

APPLICANT'S NAME \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
Street City County State Zip

PHONE NUMBER HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

***If you are dependent:***

PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City County State Zip

FATHER'S/MOTHER'S OCCUPATION \_\_\_\_\_

NUMBER OF DEPENDENT BROTHER(S) & SISTER(S) \_\_\_\_\_

***If you are married:***

SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S OCCUPATION \_\_\_\_\_

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 \_\_\_\_\_

**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.*

**WinnMed Auxiliary  
Health Career Scholarship**

**Professional 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.*