



Aspirus Riverview Hospital Auxiliary

SCHOLARSHIP APPLICATION DEADLINE: March 25, 2022 **Information Sheet**

The Riverview Hospital Auxiliary is offering four scholarships of \$1,000.00 to graduating seniors pursuing a hospital-related health career.

Eligible Careers

Nursing BSN
(RN and Associate ADN Degrees)
Medical Technology
X-ray Technology
Respiratory Therapy
Paramedic Technician
Health Information-Information Management

Careers NOT Eligible

Pre-medicine
(Physicians and Dentists)
Physical Therapy
Occupational Therapy
Pharmacy
Chiropractic
Optometry
Sports Medicine
Athletic Trainer
One-Year courses

Award amount: One-time payment of \$1,000.00

Scholarship Criteria

- Graduating seniors from Assumption High School, Lincoln High School, Port Edwards High School and Nekoosa High School.
- Accepted or waiting acceptance for enrollment in an accredited two or four year college, university or technical college.
 - Must be enrolled as a full time student.
 - Only complete applications will be considered.
 - All information submitted will be kept confidential.

Send application to: ~~Sue Hopfensperger~~
Turn in application to guidance
Aspirus Riverview Hospital Auxiliary
Scholarship Committee
3510 Chestnut Street
Wisconsin Rapids, WI 54494

IV. WORK EXPERIENCE

During High School Months

	9	10	11	12	Hours per Week

During Summer Vacations

	9	10	11	12	Hours per Week

V. VOLUNTEER EXPERIENCE

During High School Months

	9	10	11	12	Hours per Week

During Summer Vacations

	9	10	11	12	Hours per Week

On a separate sheet of paper, please submit:

VI. FACULTY RECOMMENDATION

A recommendation from a faculty member who has had the student in his/her class. Include teacher's signature and position.

VII. ESSAY

In about 250 words, write an essay about your education and life goals.

Copies of the recommendation from a faculty member, the personal essay and lists of honors, extra-curricular activities, community volunteering and employment from other scholarship applications that you have filled out may be used in place of the information requested on pages 3 and 4 of this application.

Thank you for your time and effort in filling out this application.

III. EXTRA CURRICULAR ACTIVITIES

	Grade				
	9	10	11	12	Offices Held
Student Government					
Student Council					
Class Officer					

MUSIC and ARTS

	9	10	11	12	
Band					
Orchestra					
Choir					
Dramatics					
Debate					
Forensics					
School Publications					

SPORTS

	9	10	11	12	

CLUBS and ORGANIZATIONS

	9	10	11	12	

SPECIAL AWARDS or HONORS

	9	10	11	12	

II. FAMILY INFORMATION

Father's and mothers names: _____

Father's Occupation (be specific in type of work and employer) _____

Mother's Occupation: (be specific in type of work and employer) _____

Are parents: *Married* _____ *Separated* _____ *Divorced* _____

Do you live with your parents? _____ If not, with whom? _____

Number and ages of brothers and sisters who are living at home: _____

How will your education be paid for (e.g. loans, what percent are parents able to pay for): _____

Other than yourself, number of children in your family attending college this fall: _____

Explain any financial concerns to be considered (job loss, medical bills, indebtedness, etc) _____

Parent's annual combined income before taxes: _____

We require the financial and family information for the application because this scholarship is awarded on need as well as achievements.

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SCHOLARSHIP APPLICATION

I. PERSONAL INFORMATION

Name: _____

Address _____ Home Phone: _____ Cell# _____

City: _____ Zip: _____

Email: _____

High School _____

Program of Study or hospital-related career _____
(must be included on the Eligible Careers List on information sheet)

Name of school attending _____

Are you accepted into the above program? If not when will you be?
YES NO (circle one) Date _____

If you will be attending a technical college, are you wait-listed for your program?
YES NO (circle one)

List all scholarships or financial aid you will be receiving:	Amount:
_____	_____
_____	_____
_____	_____

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SCHOLARSHIP APPLICATION – To be filled out by guidance counselor

Applicant's Name: _____

Applicant's rank in graduating class _____ Number of students in the class _____

Grade Point Average (based on 4.0 being straight A average) _____

Test Scores: SAT _____ ACT _____ Technical College Equivalent
Composite Score _____

Please attach a transcript of the applicant's grades including first semester senior year.

How strongly do you recommend this applicant for his/her chosen career and why?

Guidance Counselor _____

