



Jerry Koeppel Memorial Scholarship

The Portage County Health and Human Services Employee Foundation is pleased to announce the availability of a scholarship opportunity. The scholarship was established as a memorial to Jerry Koeppel, who worked as a Social Worker with the Department for 38 years.

SCHOLARSHIP ELIGIBILITY

The following selection criteria shall be utilized by the Portage County Health & Human Services – Employees' Foundation Board of Directors when reviewing applications and selecting recipients:

- Full-time high school senior who has been accepted to a University, College, or Technical School, or any person currently attending or accepted to attend a University, College, or Technical School may apply.
- Must be a Portage County resident.
- Must be pursuing a degree in one of the following fields: social work, sociology, or human services.
- Demonstrate academic success by having a minimum 2.75 GPA.
- Must be enrolled or intend to enroll with a minimum of 6 credits per semester.
- **Must not be a previous recipient of this scholarship, a PCHHS Employees Foundation member or a member of their immediate family.**

APPLICATION PROCEDURES

Assemble one (1) MASTER original packet with all materials required below, in the order listed:

1. Submit a completed **Application Form** (signed and dated) mailed to address below.
2. Submit *one* **Letters of Reference**.
3. Submit a **one-page, type-written essay** that explains:
 - a. What are your post-secondary education goals, and how do you hope to achieve them while attending college?
 - b. What inspired you to pursue chosen career path?
 - c. Describe financial need - *priority is given to students with demonstrated financial need.*
 - i. You will need to apply for the **Free Application for Federal Student Aid** (FAFSA). It can be obtained by visiting www.fafsa.gov for more information. Once completed, you will receive both an **Expected Family Contribution** (EFC) code and a **Student Aid Report** (SAR). Please keep both for your records.
4. Submit a **Student Resume** including academic honors received, co-curricular activities, community/volunteer service and work experiences.
5. **Include a copy of your EFC/FAFSA report.** Applicants who do not provide a copy of this report will not be considered.

Mail or drop off all application materials to the Portage County HHS Employees Foundation at:
817 Whiting Ave, Stevens Point, WI 54481 – ATTN: Jennifer Witkowski

All applications must be postmarked by Friday, May 3rd, 2024.

Late or incomplete applications will NOT be considered.

If you have any questions, please contact Jennifer Witkowski at 715-345-5984 or witkowsj@co.portage.wi.gov



Health & Human Services
Employees' Foundation, Inc.

JENNIFER WITKOWSKI, PRESIDENT
(715) 345-5984 FAX (715) 345-5966

RUTH GILFRY CENTER
817 WHITING AVENUE
STEVENS POINT WI 54481-5246

Jerry Koeppel Memorial Scholarship **SCHOLARSHIP APPLICATION FORM**

Please type in the provided fields. If you must handwrite, please print legibly, and use black ink.

STUDENT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Expected Family Contribution (EFC) from FAFSA: _____

SCHOOL INFORMATION

Name of current School you attend: _____

School Type: High School College Current GPA: _____

School which you plan to attend: _____

Intended Major/Field of Study: _____

Have you been accepted? YES NO

ELIGIBILITY CERTIFICATION

The following selection criteria shall be utilized by the Portage County HHS Employees Foundation Board members when reviewing applications and selecting recipients:

- Must be a Portage County resident.
- Must be pursuing a degree in one of the following fields: nursing, dietetics, health education, or environmental health.
- Demonstrate academic success by having a minimum 2.75 GPA.
- Must be enrolled or intend to enroll with a minimum of 6 credits per semester.
- **Must not be a previous recipient of this scholarship, a PCHHS Employees Foundation member or a member of their immediate family.**

I hereby agree to all the above criteria and certify that all information for this scholarship application is true to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal. I further understand that any information provided in this and other application forms may be shared with committee members of the sponsoring scholarship.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under 18 years of age)

