

Partners of Spooner Health System Scholarship Application

For Local Students Going Into a Health-Related Field

Please read this form carefully and answer each question completely. Incomplete applications will not be considered. Applications must be mailed to: Partners of Spooner Health System

Attn: Crystal Potter
819 Ash St.
Spooner, WI 54801

by **April 15, 2010**. Both traditional and non-traditional student applications will be considered. Two \$1000 scholarships will be awarded. Scholarship money will be dispersed after completion of 1st semester of post-high school education in good standing and proof of registration for 2nd semester. All decisions made by Partners organization will be final. Please contact Crystal at 635-1227 if you have questions.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

EDUCATIONAL INFORMATION

High School _____

Cumulative Grade Point Average _____

Year Graduated/Graduating from high school _____

What education do you have beyond high school (if applicable)? _____

Where do you plan to attend college/technical school? _____

Have you applied for admission? _____ Accepted? _____

Proposed Major? _____

Please write a statement discussing your educational and career goals.

School/Family/Community Activities (use additional sheets of paper if necessary)

1. Type of Activity _____

Dates From _____ to _____

Total Hours Spent per Month _____

Responsibility/Accomplishments _____

2. Type of Activity _____

Dates From _____ to _____

Total Hours Spent per Month _____

Responsibility/Accomplishments _____

Unpaid Volunteer Service (use additional sheets of paper if necessary)

1. Type of Activity _____

Dates From _____ to _____

Total Hours Spent per Month _____

Responsibility/Accomplishments _____

2. Type of Activity _____

Dates From _____ to _____

Total Hours Spent per Month _____

Responsibility/Accomplishments _____

Work for Pay (use additional sheets of paper if necessary)

1. Type of Activity _____

Dates From _____ to _____

Total Hours Spent per Month _____

Responsibility/Accomplishments _____

2. Type of Activity _____

Dates From _____ to _____

Total Hours Spent per Month _____

Responsibility/Accomplishments _____

Please describe why receiving a scholarship is important to you.

Signature _____ **Date** _____