

January 2022

To: Scholarship Applicants From: Partners of Crossing Rivers Health Subject: Health Care Scholarship

Dear Applicant,

In the spring of 2022, Partners of Crossing Rivers Health will be awarding four (4) \$1,000 health care scholarships to graduating seniors of MFL-MarMac, Wauzeka-Steuben, Seneca, North Crawford, River Ridge, and Prairie du Chien High Schools, as well as, graduating seniors of Crossing Rivers Health employees.

The purpose of each scholarship is to provide financial assistance to an area high school graduate interested in attending a post high school program in the health care field. In order to be eligible for scholarship consideration, applicants must meet the following criteria:

- Have a cumulative grade point average of 3.0 or above;
- Pursuing a career in the health care field;
- Demonstrate leadership and community service abilities; and
- Have a school attendance record in good standing.

## How to Apply

The following items must be submitted to the address listed below and received by Monday, March 14, 2022 :

- 1. Completed scholarship application;
- 2. 1-2 page essay about yourself (see scholarship application for more information);
- 3. Copy of your ACT test score report;
- 4. Current transcript of grades;
- 5. A senior picture;
- 6. 1 letter of recommendation;
- 7. A copy of your school attendance record; and
- 8. Proof of acceptance into a post-secondary school with a health care field of study.

Send the completed application to:

Marti Post, Compliance & Privacy Officer Crossing Rivers Health c/o Partners Scholarship Committee 37868 US Hwy 18 Prairie du Chien, WI 53821

Please note that after all of the applications have been evaluated, an interview process with the top applicants may be required to determine the four scholarship recipients.

If you have any questions or need additional information contact Marti Post at (608) 357-2415 or martha.post@crossingrivers.org.

Best Regards,

Marti Post Compliance & Privacy Officer Chair, Partners Scholarship Committee



## PARTNERS SCHOLARSHIP APPLICATION

Scholarship Deadline Date: Monday, March 14, 2022

INSTRUCTIONS: Please type or clearly print the information requested below.		
Applicant's Name:		
Home Address:		
(Street)	(City) (State) (Zip Code)	
Email:	Telephone Number: ( ) -	
High School Name:		
Guidance Counselor's Name:		
GPA (must be 3.0 or above):	ACT Score:	
I will be enrolled at the following school during the 2022-2023 academic year:		
*Proof of acceptance (i.e., copy of acceptance letter) from the school listed above is required		
Health Care Field Course of Study:		

## Required Documents

**Essay:** Please write a 1-2 page essay about yourself, addressing the following items:

- Why do you wish to pursue a health care career and what are your goals?
- What qualifications (educationally) are needed for this career?
- Explain why you feel your personality and achievements are compatible with the needs of this career?
- Describe any experiences you have had in the health care field.
- Discuss your involvement with leadership roles at school.
- Describe your community service involvement.

□ <b>TRANSCRIPT &amp; ACT SCORE:</b> Provide a copy of your transcript & ACT score report.	Application and all of the supporting materials must be received by Monday, March 14, 2022.
<ul> <li>ATTENDANCE RECORD: Provide a copy of your school attendance record.</li> <li>LETTER OF RECOMMENDATION: Provide 1 letter of recommendation.</li> <li>PROOF OF ACCEPTANCE: Provide proof of acceptance into the post-secondary school listed above.</li> <li>SENIOR PHOTO: Provide 1 senior photo.</li> </ul>	Mail to: Marti Post, Compliance & Privacy Officer Crossing Rivers Health c/o Partners Scholarship Committee 37868 US Hwy 18 Prairie du Chien, WI 53821

All INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY APPLICATION AND SUPPORTING DOCUMENTATION BECOMES THE PROPERTY OF CROSSING RIVERS HEALTH.

Applicant's Signature	DATE	
Parent or Guardian's Signature	DATE	
Principal or Counselor's Signature	_ DATE	

37868 US Hwy 18 | Prairie du Chien, WI 53821 | 608.357.2000 | crossingrivers.org