

# Divine Savior Healthcare

## 2018 Academic Scholarship Program

### SCHOLARSHIPS AVAILABLE FOR PORTAGE AND SURROUNDING COMMUNITIES

#### About our scholarships

Eligible applicants are those who plan to study at an accredited college, university or technical school for any health-related career, including medicine, nursing, physician assistant, PT/OT/SLP, medical technology, pharmacy, radiology technology, etc. For 2018, the Medical Staff Scholarship is open to non-healthcare students. Qualified applicants include high school seniors, and current undergraduate students.

Qualified applicants are encouraged to apply to all eligible scholarships through Divine Savior Healthcare. The final selection of scholarship winners will be determined by a select Scholarship Advisory Group, based on the scholarship.

#### Available Scholarships

##### DIVINE SAVIOR HEALTHCARE

**Amount: \$1,000**

This scholarship is awarded to promote and encourage the academic preparation for a career in healthcare. The award encourages the attainment of the highest level of professional performance in healthcare. This is a one time, non-renewable scholarship.

##### THE PARTNERS OF DIVINE SAVIOR HEALTHCARE

**Amount: \$1,500 and \$500**

Our \$1,500 scholarship will be awarded to a graduating high school senior or a current student who has completed at least one semester of study and who is pursuing a healthcare degree at a four-year college or university. This award is paid in two installments of \$750.00 each\*. Our \$500 scholarship will be awarded to a student seeking an associate's degree in a healthcare related field.

##### DIVINE SAVIOR MEDICAL STAFF

**Amount: \$1,000**

As part of a commitment to foster community relationships for Portage and surrounding communities, the Medical Staff would like to recognize an outstanding graduating senior with a scholarship. This scholarship is open to non-healthcare career students as well.

# Scholarship Guidelines

The following general guidelines have been established for all Divine Savior Healthcare scholarships. Additional guidelines and requirements may be included under specific scholarship headings. To apply for a Divine Savior Healthcare scholarship, an applicant must complete the following steps:

**Use this as a checklist when preparing your scholarship application materials.**

- Complete and sign this scholarship application form and submit it, along with all requested materials, by **Friday, April 6<sup>th</sup>, 2018**. For the Medical Staff Scholarship, the deadline is **Wednesday, February 28<sup>th</sup>, 2018**.

**Applicants also must:**

- Be accepted or have acceptance pending at an accredited institution of higher learning.
- Reside or attend high school or college in Portage or surrounding communities.
- Provide a minimum of one letter of recommendation from authoritative person who knows the applicant's abilities and strengths, and who knows the applicant through an academic

setting (i.e., teacher, guidance counselor, faculty advisor, school administrator or dean).

- Provide a minimum of one letter of recommendation from an authoritative person who is familiar with the applicant's abilities and strengths, and who knows the applicant through a non-academic setting (i.e., employer, coach, minister or pastor, or volunteer supervisor).
- Submit a copy of an official high school transcript.
- If the applicant has graduated from high school, a copy of an official transcript from each institution of higher learning attended must be included. If possible, also include high school transcripts.
- Recipient must have and maintain a GPA of 3.5 or higher.
- Complete the personal essay (*see last page of this form*).
- If you are not a high school student, please include a paragraph about your circumstances in the essay.

**All applicants will be notified by mail or email of the decisions made by the Scholarship Advisory Group. Actual payment of scholarship funds will be made directly to the institution of higher learning.**

\*Recipients of our renewable scholarship will receive their first payment upon the successful completion of their first semester, the registration of their second semester and receipt of first semester grades. The second installment will be paid after receipt of their third semester grades and verification that they have enrolled for their fourth semester. Recipients must also continue to be enrolled in a healthcare related program in order to receive their second scholarship payment.

**Thank you for your interest in our scholarships. If you have questions about these awards, please contact Human Resources at 608-745-5189.**

# 2018 Divine Savior Healthcare Scholarship Application

I am applying for the following scholarship(s):

Divine Savior Healthcare  
Scholarship

The Partners of Divine Savior  
Scholarships

*Please print clearly in ink or type.*

Divine Savior Medical Staff  
Scholarship

Name \_\_\_\_\_  
Last name First name M.I.

Address \_\_\_\_\_  
Street City ZIP County

Parent(s) name  
(and address if different) \_\_\_\_\_

Email \_\_\_\_\_

Applicant's phone number (\_\_\_\_)\_\_\_\_\_ High school graduation date \_\_\_\_\_

Name and location of high school  
you will or did graduate from \_\_\_\_\_

Cumulative grade point average\_\_\_\_(on a\_\_\_\_scale)

Class rank\_\_\_\_\_(out of\_\_\_\_students)

College or university you plan to attend or are currently attending \_\_\_\_\_

Degree or field of study you plan to pursue \_\_\_\_\_

Do you plan to seek employment with Divine Savior after obtaining your degree? Yes  No

Please list any other scholarships and/or employee tuition reimbursement you have applied for and indicate any that already have been granted (include dollar amount).

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## 2018 Divine Savior Healthcare Scholarship Application *cont.*

Are you (or any family member) currently employed by or volunteering at Divine Savior Healthcare? If so, please list the name, job title and department where he/she works, and his/her relationship to you.

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Please list any extracurricular activities and/or elected offices held during high school or afterward (include dates, positions held, etc.).

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Please list any volunteer efforts you have been involved in, such as community, school or church-related activities. Please provide us with a full picture of your involvement. Be sure to include the organization you volunteered for, hours of work completed, frequency of volunteering (daily, weekly, etc.), who benefitted from the volunteer work and the name and contact person who supervised your work.

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Please list any awards, special recognition or honors you have received in any area (including athletics).

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What is your past work experience? Please include name of employer(s), position held, job duties and dates of employment.

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