

2014 Partners with Ministry Saint Joseph's Hospital (Marshfield WI)
Helen and Ken Tremmel Memorial Scholarship Guidelines

Specifications:

1. Applicant must be a current or former EMPLOYEE or VOLUNTEER/VOLUNTEER at Ministry Saint Joseph's Hospital's GIFT SHOP/COFFEE CAFÉ.
2. Applicant must be currently enrolled or enrolling in a program of higher education.
3. Scholarship funds must be spent on tuition.
4. Financial need is considered but not mandatory
5. A student is eligible to receive a scholarship twice.

Application requirements:

1. Completed application form on the **current year's form only**.
2. A **high school transcript** or an **official college transcript** of your most recent grades from the registrar's office.
3. Two current letters of recommendation. At least one letter should be from a teacher or professor if you are currently a student.
4. On a separate piece of paper, describe your educational and career objectives including your future goals. Explain why you want to gain further education, how education will help you to meet your goals, and what your plans are once you complete the educational program. (Please limit essay to one typed page)
5. Include an official print-out (from the SJH Volunteer Office) of all volunteer hours.
6. All parts of the application should be **submitted together**.

Applications must be complete and postmarked by February 15, 2014. Applications postmarked after this date will not be considered. Scholarship awards are recommended by the Scholarship Committee and approved by the Partners Board of Directors at its April meeting.

Applications must be postmarked by February 15, 2014, and sent to:

Jackie Zoellner
2701 West 5th Street
Marshfield, WI 54449

Any questions contact Jackie Zoellner at 715-387-4166/ email at jacquelyn.zoellner@ministryhealth.org



PARTNERS with
Saint Joseph's Hospital
Marshfield, Wisconsin

2014 Tremmel Scholarship Application

Name _____

Home Address _____

City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

E-Mail Address _____

High School attended _____

College or University _____

Field Of Interest _____

Expected Year of Graduation from College/University _____

Previous Partners Scholarship awarded? Yes (Year) _____ No _____

Please use additional sheets as necessary to provide the information requested below.

Paid Work Experience (Please give a detailed account including length of employment and estimated hours worked)

Non-paid Community Involvement (i.e. church, civic organizations, scouting, mentoring, tutoring, etc., explain your role in these activities and length of time involved.)

Saint Joseph’s Hospital Gift Shop/Coffee Cart Volunteer/Employment Experience

Explain your involvement and the amount of time served. Please provide total hours worked in gift shop and/or total volunteer hours broken down by area.

Share your most memorable work or volunteer experience at the Gift Shop/Coffee Cafe

Extracurricular Activities in High School or College

Please give a detailed account and specify any leadership roles you may have held.

Explanation of Financial Need
