The Partners of Divine Savior Healthcare Scholarship Application

The Partners of Divine Savior Healthcare in Portage sponsor two different types of scholarships for students in the communities served by Divine Savior Healthcare. You <u>must</u> circle the number next to the scholarship for which you would like to be considered. Scholarship applications will be rated on spelling, grammar, and punctuation. Answers to the questions on the second page of the application shall be typed and submitted on time for consideration.

1. One of two \$1,500 scholarships awarded to graduating high school seniors who will be pursuing a degree in a healthcare related field at a four year college or university, **OR** to current students who have completed at least one semester of study in a healthcare related field.

or

2. One \$500 scholarship for a student seeking an associate's degree in a healthcare related field.

Applicant Name:		Date of Birth:	
Address:		City:	County:
State:	Zip Code:	Telephone	e:
Name of school of	currently attended by applicar	nt:	
	ne following information, this award the scholarships.	information will	not be seen by the people who read the
Mother's Name a	and Occupation:		
Father's Name a	nd Occupation:		
Number of siblin	gs: Their Ages:	Number of si	blings currently attending school away
from home:	Amount of support provide	ed by parents fo	r siblings schooling:
If you, the applic	ant, are self-supporting, pleas	se provide the fo	llowing information:
Marital Status:	Your Occupation:		Number of Children:
Spouse's Occupa	tion:		

All of the information provided by the applicant from this section to the end of the application will be read by the award committee readers.

- The Partners of Divine Savior Healthcare are volunteers; therefore we are interested in all of
 your volunteer efforts. Please provide us with a full picture of your community, school, and
 church involvement. Attach extra sheets if necessary and be sure to define the organization you
 volunteered for, hours of work completed, frequency of volunteering (daily, weekly, sporadic,
 one time), who benefitted from the volunteer work, and the name and contact information for
 person who supervised your work.
- 2. In what school activities have you participated?
- 3. Have you been the recipient of any honors/scholarships? If so please list.
- 4. What is your intended field of study, what has drawn you to the healthcare field, and what qualities or traits do you possess that will make you successful in your chosen field?
- 5. Name of the college or university you are currently at or plan to enroll in, also include date you enrolled or plan to enroll at the institution.
- 6. Provide work history including position held, name of employer, job duties, and dates employed.

Please attach the following documents to the application:

- 1. Transcripts from all high schools, colleges, and universities attended to date.
- 2. Letter or notice of college/university acceptance.

You must also provide two letters of recommendation provided by your recent teachers from a math, science, or health field. One of the references may be provided by someone who has supervised or advised you during your employment or volunteering in a healthcare role. (Relatives of yours are not eligible to submit recommendations on your behalf) These recommendations must be submitted directly by the author to the head of the scholarship committee at the address listed below.

Signature of Applicant	Date

In order for you to be considered for this scholarship, this completed application and all other required information must be received no later than April 1, 2014. Please send it to:

Mrs. Marj Magelowsky 104 W. Cook Street, Apt 410 Portage, WI 53901

Thank you for your interest in the scholarships awarded by the Partners of Divine Savior Healthcare. The Partners reserve the right to determine the selection criteria that will be used and may elect to withhold the award(s) if those criteria are not met.