

2009 Hudson Hospital Foundation Scholarship Application

Introduction

The Hudson Hospital Foundation Scholarship is awarded to a graduating Hudson High School Senior who plans to attend a college or university to pursue a career in the medical or healthcare field.

Scholarship Amount

In 2009, the Hudson Hospital Foundation will provide two (2) \$2,000 scholarships to Hudson High School graduating Senior's. Each scholarship will be valued at \$2,000.

Distribution of the Scholarship

\$1,000 will be allocated after the first semester of the first year upon submission of the first semester grade transcript. The second \$1,000 will be allocated the second year of college after the first semester upon submission of the first semester grade transcript. In essence, \$1,000 for two years. The scholarship recipients must send their first semester grades to the Hudson Hospital & Clinics, attention Kari Rambo, Hudson Hospital Foundation, 405 Stageline Road, Hudson, WI, 54016.

Requirements

Hudson High School Seniors with plans to pursue a career in the medical or healthcare field. ie: Physician, Nurse, Lab Technician, Physical Therapist, Occupational Therapist, Sports Medicine, Dentistry, Nursing Home Care Provider, etc. Volunteering in the Healthcare Field is a plus. Financial need is a consideration.

The scholarship recipient must remain in good academic standing and maintain a 2.5 grade point average in order to receive the scholarship payments. The Foundation scholarship committee will review the transcripts upon arrival and reserves the right to suspend its commitment to the awardee until the grade point average reaches the required level.

It is important for the Scholarship Committee to confirm that the scholarship recipient remains in the health care field in their second year of college. If they are not, the Foundation Board should review and determine whether to terminate the second year financial scholarship allocation.

Award Selection Criteria

A representative from the Hudson Hospital Foundation would like to be present during the selection process for these two scholarships. Please advise when that selection process will take place. Contact Kim Heinemann at 386-8411 and Kari Rambo at 531-6075.

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Student Name _____
Last First Middle

Address _____
Street

City State Zip Code

Telephone: _____ Birth Date: _____

Name of Parent (s) Guardian: _____

Address: _____

Number in Family: Brothers _____ Sisters _____

What College do you plan to attend? _____

This scholarship is awarded to an individual with plans to pursue a career in the medical or healthcare field. Describe your educational plans and intended program of study.

Describe your career goals.

Explain your financial need for this scholarship: (Financial need is a consideration for this scholarship).

What is your high school G.P.A.? _____ # in Graduating Class _____
Class rank? _____

Academic Awards? Please list.

What **school activities** have you participated in during your high school career? Please give complete description, years participated, list all activities. (i.e. sports, music, clubs)

What **community activities** do you or have you participated in? Please provide a narrative of your extracurricular activities, especially those where you have volunteered your time and have served the Hudson community or elsewhere. (Please feel free to attach a separate sheet if necessary).

Have you held a job during high school? Explain.

Why do you believe that you are the individual that should receive this scholarship?

Letters of recommendation. Please attach to application.

Student Signature: _____ Date: _____

Counselor's Comments & Recommendations: