

Scholarship guidelines

The following general guidelines have been established for all Aurora Health Foundation scholarships.

Additional guidelines and requirements may be included under specific scholarship headings. To apply for an Aurora Health Foundation scholarship, an applicant must complete the following steps:

Use this as a checklist when preparing your scholarship application materials. **Please do not use staples when submitting your information.**

- Complete and sign this scholarship application form and submit it, along with all requested materials, postmarked by **February 28, 2019** to **Aurora Health Care, Attn: Kelly Herson, 2845 Greenbrier Road, Suite #400, Green Bay, WI 54308-8900**

Applicants also must:

- Be accepted or have acceptance pending at an accredited institution of higher learning.
- Be pursuing a degree in a healthcare related field.
- Provide a minimum of one letter of recommendation from an 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).

2019 Academic Scholarship Program

- [High School Students]* Submit a copy of an official high school transcript (through a minimum of **seven semesters**)
- [College Students]* Submit a copy of an official transcript from each institution of higher learning attended.
- [High School Students]* Submit a copy of official college entrance exam scores (ACT and/or SAT, if applicable).
- Complete the personal essay (*see last page of this form*).

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

About Aurora Health Foundation

Part of the Aurora Health Foundation's goal is to be the leading provider of charitable resources for health care needs, community education and patient care in the communities it serves. Aurora Health Foundation awards a number of merit-based academic scholarships to deserving students who will be or who currently are pursuing a degree in a health care-related field. Scholarships are awarded primarily on the basis of outstanding academic achievement, leadership and volunteer activities. However, financial need may be taken into consideration when selecting winners.

The **Greater Green Bay Scholarship** awards a one-time \$1,000 scholarship to a **total of 5 students (high school or college)**, annually. Recipients are eligible to receive this award every two years.

2019 Aurora Health Foundation Scholarship Application – Greater Green Bay Scholarship

Please print clearly in ink or type.

Name

(Last)

(First)

M.I.

Address

(Street)

(City)

(Zip)

Parent(s) name: (and address if different) *[High School Students Only]*

Email

Applicant's phone number (_____) _____ High School graduation date _____

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

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 Aurora after completion of your education 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).

--

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

Please list any volunteer, community or church-related activities you are or have been involved in (include dates, positions held, etc.).

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

Personal Essay

Please explain why you have chosen a health care career and what qualities you possess that will enable you to become a great health care provider. Please include something about yourself that is not already listed elsewhere in your application. *(Limit your essay to one 8.5 X 11" page with 1" margins and a 12- point font.)*

I attest that the information contained herein is true and complete.

Signature of applicant

Today's date

Please return completed application by February 28, 2019, with all other required materials in one envelope to:

Aurora Health Care
Kelly Herson
2845 Greenbrier Rd.
Suite #400
Green Bay, WI 54308-8900