

2025 ThedaCare Regional Medical Center Appleton (TCA) HEALTH CAREER SCHOLARSHIP APPLICATION

The information in this application will be reviewed by the scholarship committee and will be treated in a confidential manner. Final selection is based on academic achievement, character, career aspirations and leadership.

- Applicant must be a graduating senior from an Outagamie County high school
- You must attend a *Wisconsin* 2-year or 4-year college to qualify for this scholarship.
- You must intend to go into a health career and choose a major leading to that outcome.

Please submit the following items along with this completed form:

- An *OFFICIAL* transcript with school seal and/or administrator signature
- An essay, 500 words or less, explaining your personal and academic goals, including *details* about what is leading you to your career choice.
- Two letters of recommendation, one from a high school faculty member who knows you well and one from an adult familiar with your accomplishments (please do not use relatives or guardians).
- ACT/SAT score documentation, if available
- *Incomplete, applications without official transcripts and/or late applications will not be considered.*
- **Application is due by 4:00 p.m. Friday, March 14, 2025**

PERSONAL INFORMATION

Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Address _____

Street City State Zip

Date of Birth ____/____/____ (Optional) Personal Pronoun to be used _____

SCHOOL INFORMATION

High School: _____

Class Rank if available _____ Class Size _____ GPA: _____ ACT/SAT (see note above) Score: _____

Please fill out the following tables. Place a check mark to indicate which years you participated in each activity. Attach an additional sheet, if necessary.

High School Extracurricular Activities	9 th	10 th	11 th	12 th

Community & Healthcare Volunteer Responsibilities	9 th	10 th	11 th	12 th

Please list any honors you have received _____

Intended College Major _____ Intended Career _____

Colleges Applied To	Have you been accepted?	Which school do you plan to attend or rank if undecided.

FINANCIAL INFORMATION

Jobs you have held	From (month/year)	To (month/year)

Complete with parent/guardian input:

What percentage of your schooling cost do you expect to cover with scholarships? _____

What percentage of your schooling cost do you expect to cover with loans? _____

What percentage of your schooling cost do you expect to cover through family support? _____

What percentage of your schooling cost do you expect to cover through personal savings? _____

Please list any other scholarships, state and college aid, and student loans have you applied for:	Granted?	Amount Granted, if applicable

I hereby certify that information given in this application is accurate and complete to the best of my knowledge. I understand that misrepresentation in any statement may be considered reason for disqualification and/or repayment of any scholarship. If I am awarded a scholarship, I agree to abide by all requirements and responsibilities of the award.

By checking this box, I give ThedaCare Medical Center Appleton (TCA) Volunteers my permission to use my photograph and any general, non-financial information in this application for scholarship publicity purposes, including the TCA Volunteers' print, electronic, internet and social media communications.

Applicant's Signature

Date

Required: _____

Parent's Signature

Date

Please return completed application, and the items listed on page 1 by **4 p.m. on Friday, March 14, 2025 to:**
 TCA Volunteer Services
 1818 N Meade Street
 Appleton, WI 54911

Note: Double check that your transcript is an *OFFICIAL* transcript.