Froedtert West Bend Hospital
Partner Volunteers
Scholarship Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Cell : _____

E-mail: _____

Please Attach Photo Here

Washington County Resident? _____

Parents:

Father's Name: _____

Occupation: _____

Place of Employment: _____

Mother's Name: _____

Occupation: _____

Place of Employment: _____

Siblings:

Name: _____

School: _____

Year of Graduation: _____

Name: _____

School: _____

Year of Graduation: _____

Name: _____

School: _____

Year of Graduation: _____

Name: _____

School: _____

Year of Graduation: _____

Current Study Status and Study Intentions:

Current School I am enrolled in: _____ Graduation Year: _____

Please list the colleges/universities you are applying to:

Name: _____ City, State: _____

Name: _____ City, State: _____

Name: _____ City, State: _____

GPA Score:		ACT Score:		NHS:	

Field of Study: _____

What have you done in the area of this interest? (i.e. jobs, classes, projects, volunteer work, etc.): _____

_____

_____

_____

Community Activities:

List your community service activities, hobbies, outside interests and extracurricular activities:_____

_____

_____

List your academic honors, awards and membership activities during your high school years:

_____

_____

_____

_____

On a separate sheet of paper, in a paragraph or two, please explain why you want to continue your education and how this scholarship would help you to attain your educational goals.

Also on a separate sheet of paper, please include anything that you would like the committee to know about you or about your goals.

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information will cause my application to be withdrawn.

Signature of this Scholarship Application also authorizes the release of my academic high school transcripts to the Froedtert West Bend Hospital Partner Volunteer Scholarship committee.

PLEASE ATTACH YOUR HIGH SHOOL TRANSCRIPTS TO THIS APPLICATION.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent Date

Requirements:

- ACT score of 27 or higher
- 3.75 GPA or higher
- Must be entering health care related field
- Resident of Washington County