



Froedtert West Bend Hospital Partner Volunteer Scholarship Application

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Date of Birth: _____
 Cell: _____
 E-mail: _____

Please
Attach
Photo
Here

Parents:

Father's Name: _____ Mother's Name: _____
 Occupation: _____ Occupation: _____
 Place of Employment: _____ Place of Employment: _____

Siblings:

Name: _____	Name: _____
School: _____	School: _____
Year of Graduation: _____	Year of Graduation: _____
Name: _____	Name: _____
School: _____	School: _____
Year of Graduation: _____	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:	
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Stop typing at the end of each line and click the cursor at the beginning of the next line to continue.

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 I understand that misrepresentation of factual information will cause my application to be withdrawn.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 SHOOOL TRANSCRIPTS TO THIS APPLICATION.

Signature of Applicant

Date

Signature of Parent

Date

Requirements:

- ACT score of 25 or higher
- 3.5 GPA or higher
- Must be entering health care related field
- Resident of Washington County
- Requirements as a Froedtert West Bend Hospital Volunteer
 - 100 hours or more at time of application
 - Two years or more at time of application