

**Cumberland Healthcare Foundation Scholarship Application**

**Eligibility Criteria**

Cumberland Healthcare Foundation will award one (1) non-renewable $1,000 scholarship to a graduating senior currently attending Cumberland High School and one (1) non-renewable $1,000 scholarship to a graduating senior currently attending Turtle Lake High School.

Applicant must have a 3.0 GPA or above (4.0 scale).

Applicant must be accepted into an accredited educational institution to pursue a health-related degree.

**Application Information**

* Completed application form
* High School Transcript
* Personal Statement. Please limit to two (2) typed pages with a 12 font size. Please include…
  + Describe the specific area of the medical/healthcare related profession you are considering
  + Describe your education, career and personal goal for the future
  + List community or civic activities (clubs, volunteer activities, youth groups, church groups, etc.)
  + List employment you have held or volunteer work you have been involved in that may have influenced your future career path
* Completed application and personal statement **Due: April 15, 2025**  to Cumberland Healthcare 1705 16th Ave., Cumberland, WI 54829, Attn: Angie Martens. Incomplete application will not be considered.



**Applicant Information:**

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| Name: | |
| Home Address: | |
| City: Zip Code: | |
| Phone Number: Email Address: | |
| Parent or Guardians’ Name: | |
| High School Currently attending: GPA: | |
| College/Universities you have applied to: Application status: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
|  | |
| Academic Awards and School Involvement over the last 3 years. This may include awards, honors received, offices held and number of years or hours involved: | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

If needed, please attach additional (typed) sheet