

**Cumberland Healthcare Volunteer Partners Scholarship Application**

**Eligibility Criteria**

Cumberland Healthcare Volunteer Partners 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.

Scholarship funds will be awarded after the student has successfully completed their first semester in their chosen healthcare related field and has submitted documentation of registration for second semester to Toniann Knutson, 715-822-8962, 1250 Jeffery Blvd., Cumberland, WI 54829

**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, award and leadership positions (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 20, 2020** to Toniann Knutson 1250 Jeffery Blvd., Cumberland, WI 54829**.** 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