



**HOSPITAL-RELATED HEALTH CAREERS SCHOLARSHIP**

**Sponsored By**

**Volunteer Partners of Marshfield Medical Center-Rice Lake**

**Mission**

Through fundraising efforts, the Volunteer Partners of Marshfield Medical Center-Rice Lake will provide financial support, through their scholarship program, to individuals who have chosen to pursue a hospital related health career.

Six (6) scholarships will be awarded in the amount of \$1,000.00 each and will be paid directly to the student's school after enrollment in the second semester. If not selected, applicants may reapply the following year. However, once selected, recipients of a scholarship will not be considered for a 2<sup>nd</sup> scholarship.

**Requirements:**

1. Applicants must be a high school graduate employed at the Marshfield Medical Center-Rice Lake campus, or whose parent or spouse is employed at the Marshfield Medical Center-Rice Lake campus. Included are Marshfield Medical Center-Rice Lake Volunteer Partners *who are actively volunteering* and their immediate family members to include spouse, child, and grandchild.
2. The application must be complete; **incomplete applications will not be considered.** Applications must be received by **Monday, March 24, 2025 no later than 3:00 p.m.**

**Return completed application to:**

Marshfield Medical Center-Rice Lake  
Volunteer Services  
Attention: Tammy Koger  
1700 West Stout Street  
Rice Lake, Wisconsin 54868-1238

3. Criteria for selection of the candidate(s) will include the following:
  - Content of biography
  - GPA
  - (2) Recommendation Forms
  - Financial need



Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address/City/Zip Code: \_\_\_\_\_

High School/College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Write a biography to include a minimum of the following:**

1. Tell us about you and your family.
2. Why have you chosen this particular hospital related health care field and what have you done to prepare?
3. What community/school/volunteer activities have you participated in?
4. Your volunteer contributions at Marshfield Medical Center-Rice Lake **OR** the name and your relationship to a Marshfield Medical Center-Rice Lake staff person or Volunteer Partner.

**Grades**

- ☐ Transcript of your high school grades or from colleges you have attended or are attending

**Education**

List where you have applied for school or attended and years attended:

Year	School:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OVER➔**

(APPLICATION CONTINUED)

**(2) Completed Recommendation Forms**

- ☐ Instructor or Teacher      ☐ Personal Reference; *cannot be a family member*

**Confidential Financial Information (must be completed):**

Estimated cost for the coming year to include tuition, books, room/board:

\$ \_\_\_\_\_

Sources of financial aid:

Percentage of each source

Family/Parents

\_\_\_\_\_ %

Loans

\_\_\_\_\_ %

Grants

\_\_\_\_\_ %

Scholarships

\_\_\_\_\_ %

Personal Income/savings

\_\_\_\_\_ %

Other

\_\_\_\_\_ %

Total

100 %



**To be completed by individual making the recommendation**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I, \_\_\_\_\_ have applied for a Volunteer Partners of Marshfield Medical Center-Rice Lake Scholarship.

Through fundraising efforts, the Volunteer Partners provide financial support, through their scholarship program, to individuals who have chosen to pursue a hospital related health career.

Each Scholarship is in the amount of \$1,000.00 and will be paid directly to the student's school after enrollment in the second semester.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant? \_\_\_\_\_

3. How would you rate the applicant in the following categories?

a. MOTIVATION ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. HONESTY ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

a. GOAL ORIENTATED ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. INTERPERSONAL SKILLS    ☐ Excellent            ☐ Good            ☐ Fair            ☐ Poor

Comments: \_\_\_\_\_

d. ADAPTABILITY                    ☐ Excellent            ☐ Good            ☐ Fair            ☐ Poor

Comments: \_\_\_\_\_

Please share what you find outstanding/special/ unique about this scholarship applicant?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for helping our Scholarship Committee in making their selection.  
Please feel free to contact me with any additional comments.

Marshfield Medical Center-Rice Lake  
1700 W. Stout Street  
Rice Lake, WI 54868  
Tammy Koger, Volunteer Services Manager  
[koger.tammy@marshfieldclinic.org](mailto:koger.tammy@marshfieldclinic.org)  
715-236-6255



**To be completed by individual making the recommendation**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Comments: \_\_\_\_\_

a. GOAL ORIENTATED ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. INTERPERSONAL SKILLS    ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

Comments: \_\_\_\_\_

d. ADAPTABILITY    ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

Comments: \_\_\_\_\_

Please share what you find outstanding/special/ unique about this scholarship applicant?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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1700 W. Stout Street  
Rice Lake, WI 54868  
Tammy Koger, Volunteer Services Manager  
[koger.tammy@marshfieldclinic.org](mailto:koger.tammy@marshfieldclinic.org)  
715-236-6255