



Marshfield Medical Center Rice Lake

Volunteer Partners of Marshfield Medical Center-Rice Lake
Scholarship Committee

February 29, 2024

Student Services
Turtle Lake High School
205 Oak Street
Turtle Lake, WI 54889

Dear Friends,

On behalf of the Volunteer Partners of Marshfield Medical Center-Rice Lake Scholarship Committee, I am pleased to enclose the 2024 Volunteer Partners of Marshfield Medical Center-Rice Lake application for students pursuing a Hospital-Related Health Career.

We will consider the granting of a one-year scholarship to those individuals who apply on the attached application and meet the requirements as stated. Scholarship awards for Hospital-Related Health Programs will each consist of \$1,000.

All applications must be returned in an envelope addressed to:
Volunteer Partners of Marshfield Medical Center-Rice Lake
Scholarship Committee
Attention: Tammy Koger
1700 West Stout Street
Rice Lake, WI 54868
by

Monday, March 25, 2024 no later than 3:00 PM

Clearly indicate on the outside of the envelope **Scholarship Committee**. If you have any questions, please call 715-236-6255.

Sincerely,
Kathi Petersen
President-Volunteer Partners of Marshfield Medical Center

Enclosures



Marshfield Medical Center Rice Lake

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 2nd 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 25, 2024 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: _____



To be completed by individual making the recommendation

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

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a. GOAL ORIENTATED Excellent Good Fair Poor

Comments: _____

