

**BAY AREA MEDICAL CENTER
VOLUNTEER SERVICES
HIGH SCHOOL SCHOLARSHIP APPLICATION**



Through the generosity of the Bay Area Medical Center Volunteer Services, health care scholarships are available to students who are pursuing an academic course of study leading to a career in the health care field.

INSTRUCTIONS

1. Read the entire packet of information.
2. Complete the application packet and return no later than March 20, 2019. Please do not use both sides of paper.
3. Select three people (non-relatives) who agree to act as references on your behalf. One reference being a current educator. Include the reference forms in your application packet.
4. Write a one page essay on why you have chosen medical service as your career.

QUALIFICATION OF CANDIDATES

1. Candidate must be a current resident of Marinette or Menominee County.
2. Candidate must be pursuing a collegiate academic course of study leading to a career in the health care field.
3. Candidate must complete the application process according to the established guidelines.
4. The award will be made solely on the merits of the application without regard to age, sex, race, national origin, color, sexual orientation or religion.

SELECTION OF RECIPIENTS

The Scholarship Committee shall consider the following factors in deciding the relative merit of applicants and determining the final selection:

- a. Candidate meets above qualifications
- b. Candidate's essay
- c. Candidate's personal interview
- d. Candidate's references

Selection of recipients will be made no later than April 19, 2019. All applicants will be notified at that time.

SCHOLARSHIP FUNDS

The proceeds of these awards are for the purpose of defraying the direct educational expenses of the student with checks written to the student and the school that the student will be attending.

If you have any questions regarding the application process please call Shelly Spaude at (715) 735-4200 ext 6765 or email sspaude@bamc.org.

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Name _____ Date _____

Address _____

Telephone _____ E-Mail _____

High School _____ Graduation Date _____ GPA _____

What medical service career do you plan to pursue? _____

What school are you planning on attending? _____

List **activities** and **experiences** in which you have participated in during High School. Include those in school, church, work and community. (Attach additional sheets if needed, do not use back of sheet.)

List any **awards** or **distinctions** and the **years** they were received. (Attach additional sheets if needed, do not use back of sheet.)

Please include in your application packet:

- **Application Form**
- **Essay:** One page essay of why you have chosen medical service as your career.
- **References:** Three reference sheets.
- **School Acceptance:** Copy of school acceptance letter or registration form.

Return completed application packet to:
NO LATER THAN March 20, 2019

BAMC Volunteer Services
Shelly Spaude
3003 University Drive, Marinette, WI 54143

