



Watertown Regional Medical Center Medical Staff Scholarship Application

Dear Student,

Each year the physicians of Watertown Regional Medical Center grant scholarships to four individuals (1 new scholarship recipient and 3 existing recipients) totaling \$6000. It is the mission of the medical staff, through this scholarship, to provide financial aid to those students in need, to promote careers in health care fields and to increase awareness of the community served by WRMC as a potential service area for those entering these health care fields.

We are happy that you have chosen to apply for this Medical Staff Scholarship. The scholarship requirements and components of the completed application are listed below. If you have completed a general scholarship through your high school or another organization that includes the components below, then you need not complete an additional application. However, please be sure that any components below that are not part of your general application, are submitted in addition to your general application.

Scholarship requirements:

Initial Application

- Completed application, including all components below
- Minimum 3.5 cumulative grade point average
- Attendance at one of the following high schools in the Watertown area: Dodgeland High School, Hustisford High School, Jefferson High School, Johnson Creek High School, Lakeside Lutheran High School, Lake Mills High School, Luther Preparatory School, Maranatha Baptist Academy, Waterloo High School, Watertown High School
- Preference will be given to those intending to obtain a 4 year degree or higher in a health care field

Renewal Application

- Completed renewal application including brief updated personal statement
- Maintenance of a minimum 3.5 grade point average
- Continued attendance in a 4 year degree program in a health care field



Scholarship Components Checklist:

Student Information

- Name (Last, First, Middle)
- Date of Birth
- Address
- Telephone Number
- College you plan to attend (if undecided, list all considering)
- Intended Major Field (must be health care related field)
- High School Transcript
- Senior Year Courses, Both Semesters
- Class Rank after 7 semesters (include number of students in class)
- Cumulative GPA after 7 semesters
- Composite ACT Score and/or Combined SAT Score
- Employment History (position, business, city, state, dates, average hrs/wk)
- School-Related Extracurricular activities (years of involvement, offices, awards, honors)
- Community Activities (years of involvement, offices, awards, honors)

Family Information

- Living Parents (Father, Mother, Stepfather, Stepmother)
- Parents with whom you live (Father, Mother, Stepfather, Stepmother)
- Guardian (Father or Stepfather) Address, Telephone, Employer, Employer address, Position (If self-employed, please describe business)
- Guardian (Mother or Stepmother) Address, Telephone, Employer, Employer address, Position (If self-employed, please describe business)
- List all children living at home (name, age, dependent [Y/N], grade, school)
- Other dependents receiving financial support from family (please explain)
- Explain any additional family financial circumstances

Financial Information

- Monetary scholarships/awards from university (required to report upon verification of scholarship)
- Parents' monthly home mortgage or rental payment (if none, please explain)
- If parents own a home, give year purchased, purchase price, value today, amount owed on it
- Business, rental or other real estate value and amount owed on it
- Investments for Educational Savings
- Copy of parents' latest 1040 income tax form



Personal Statement

Priority for the scholarship will be given to those who are more likely to serve the health care needs of Watertown and its surrounding area in the future. Please describe in your personal statement how, why and the degree to which you envision serving the health care needs of this community in the future.

(Please note: If you have written a personal statement for a general application, but it does not specifically address these points, you must revise or write an additional personal statement for the purpose of this application.)

Letter of Recommendation

The committee requests that you include a letter of recommendation from any individual that you believe is able to adequately vouch for your work ethic, character, and likelihood of success in your future endeavors. Generally, this person will be a non-family member, and may include, but is not limited to, a medical professional, teacher, coach or employer.

Watertown Regional Medical Center Medical Staff Scholarship Application

Student Information

Name (Last, First, Middle) _____

Address _____

City, State, Zip Code _____

Telephone _____ Date of Birth _____

Academics

Where will you go to school? (if undecided, list all considering) _____

Your major field will be _____

Class Rank after 7 semesters _____ out of _____ Cumulative GPA after 7 semesters _____

Composite ACT Score (highest) _____ Combined SAT Score (highest) _____



Activities Community-Related

Activity	Years of Involvement	Offices, Awards, Honors
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____
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_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____

Family Information

Parents (Check all that are living): Father Mother Stepfather Stepmother

With whom do you live? (Check): Father Mother Stepfather Stepmother

Guardian (Check one): Father Stepfather

Last, First Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Employer _____

Address _____

City, State, Zip Code _____

Position or type of work _____

If self-employed, please describe the business _____



Medical Staff

Guardian (Check one): Mother Stepmother

Last, First Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Employer _____

Address _____

City, State, Zip Code _____

Position or type of work _____

If self-employed, please describe the business _____

List below all children living at home (applicant first):

Name	Age	Dependent?	Year/Grade	School Attended

Other dependents receiving financial support from family (Please explain circumstances).



Medical Staff

Explain any special family circumstances the scholarship committee should know, such as divorce, separation, unemployment, illness, widowhood, special housing problems, etc.

Personal Statement

Priority for the scholarship will be given to those who are more likely to serve the health care needs of Watertown and its surrounding area in the future. On a separate sheet of paper, please describe in your personal statement how, why and the degree to which you envision serving the health care needs of this community in the future.

(Please note: If you have written a personal statement for a general application, but it does not specifically address these points, you must revise or write an additional personal statement for the purpose of this application.)

Financial Information

In addition to the financial information below, please also attach to this application: (A) a copy (of the first page only) of the parents' latest 1040 Income Tax Form and (B) a copy (of the first page only) of the student's latest Income Tax Form.

Monetary scholarship/awards from university \$ _____

Parent's Assets

Parents' monthly home mortgage or rental payment \$ _____

If parents own home, give:

Year purchased _____ Purchase price \$ _____

What is it worth today? What is owed on it?

Home \$ _____ \$ _____

Investments for Educational savings \$ _____



Medical Staff

Student's Authorization:

I have completed this form to the best of my ability and all questions are answered accurately and honestly. For a fair evaluation as a scholarship candidate, I hereby release all academic records to the Scholarship Committee.

Students Signature: _____ **Date:** _____

Parent Authorization:

I/We have checked this form for omissions and errors and to the best of our knowledge the information reported is complete and accurate. We authorize its transmittal along with all academic records to the Scholarship Committee.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Return application and supporting documents to:

Medical Staff Office
Watertown Regional Medical Center
125 Hospital Drive
Watertown, WI 53098

Deadline: March 15, 2018