#### Tomah Health Nursing Scholarship

Recommendation for Tomah Health Nursing Scholarship:

- A scholarship in the amount of \$500 will be given to an individual who meets the application criteria.
- All application will be reviewed by a nursing selection committee.
- Scholarship money will be given after the successful completion of the first semester of the next school year of college. Successful completion is defined as having at least a 3.0 (B) grade point average.

## Application criteria include:

- 202G-202HTHS Senior or 202G-202H Senior of a Tomah Health employee
- Carry a minimum 3.0 GPA at the end of junior year of high school
- Planning to pursue a nursing degree at an accredited two or four year college/university
- · Applicant must submit
  - General application form
  - Copy of most recent transcripts
  - 2 letters of recommendation
  - o List any extra-curricular activities and community/civic involvement
  - Written essay answering the following questions:
    - Why did you decide to major in nursing?
    - What do you plan to do when you complete your nursing degree?
    - Why do you feel you should be selected to receive a scholarship?
    - What strengths do you have that will assist you in being successful in the nursing program
    - What challenges, obstacles, or weakness exist that may have a negative effect on your performance in the nursing program? What plan do you have to overcome these?
  - o Deadline is March 15, 202'

After successful completion of your first semester of the next school year of college, please submit your address along with a copy of your transcript showing at least a 3.0 (B) grade point average, to the address below. A check will be mailed to you which will be made payable to yourself and the college you are attending.

Mail requirements to:
SæãÛc⁴∄ ℚ ~ÃExecÈAdministrative Assistant
Tomah Health
501 Gopher Drive
Tomah WI 54660

# Tomah Health Scholarship Selection Form

Thank you for you interest in a scholarship offered through Tomah Health. Please fill out this selection form for each type of scholarship you are applying for.

#### Directions:

- 1. Fill in Part I General Applicant Information
- 2. Check in Part II which scholarship you are applying for.
- 3. Attach documents needed such as essay, transcripts and reference letters. See guideline sheets for documents needed.
- 4. Mail to: Tomah Health

Attn: Kari Steinhoff, Exec. Administrative Assistant

501 Gopher Drive Tomah, WI 54660

# Part I General Applicant Information

Applicant's First		Middle Initial	Last Name	Birthdate	Intentionally Blank
Address S	treet			Telephone Numbe	r
Cit	ty	State	Zip	Telephone Numbe applicable)	r at school (if
High School Attended:				Graduation Date:	
College or Technical School you plan to attend or are currently attending:				Projected Graduation Date:	
Major:				Minor (if applicable)	

### Scholarship Selection

Check the type of Scholarship you are applying for:	Requirements
Tomah Health Nursing Scholarship	See Tomah Health Nursing Scholarship Guidelines