

## AUXILIARY SCHOLARSHIP GUIDELINES

- The scholarship awarded is funded by the Tomah Memorial Hospital Auxiliary.
  - Two \$2,500 scholarships will be awarded based upon available funds.
  - The scholarships are not awarded on the basis of individual need, but rather on an individual's ability to complete an educational program to become a professional in the health care field.
  - The recipients will be chosen based upon their application, grades, letters of reference and their goals in selecting the health care field.
  - First-time applicants will be given first consideration.
  - An applicant may receive an Auxiliary scholarship as many as two (2) times, but not in two (2) successive years.
  - Applications received by **March 15**, 2023 of each year will be considered for award that year at the Tomah High School Annual Awards Banquet.
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The requirements for application are:

- 1) Be a resident within the Tomah Health service area.
- 2) Copy of most recent transcript of grades.
- 3) Three (3) letters of reference (from non-relative).
- 4) Letter from applicant indicating the reasons for selecting the health care field. Please also include extra curricular activities and community/civic involvement.
- 5) The scholarship application is available to a graduating high school senior or a current college/technical college student. Scholarship funds are distributed upon receipt of proof of successful completion (grades / transcript) of the first semester of the next school year from a college/technical college. Successful completion is defined as having at least a 2.0 (C) grade point average.

Mail requirements to:  
Kari Steinhoff, Exec. Administrative Assistant  
Tomah Health  
501 Gopher Drive  
Tomah WI 54660

# Tomah Health

## Scholarship Selection Form

Thank you for your interest in a scholarship offered through Tomah Health. Please fill out this application for the Tomah Memorial Hospital Auxiliary Scholarship/

**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, Executive Administrative Assistant  
                          501 Gopher Drive  
                          Tomah, WI 54660

### Part I General Applicant Information

Applicant's First	Middle Initial	Last Name	Birthdate	Intentionally Blank
Address Street			Telephone Number	
City	State	Zip	Telephone Number at school (if applicable)	
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 Memorial Hospital Auxiliary Scholarship <input type="checkbox"/>	See Tomah Memorial Hospital Auxiliary Scholarship Guidelines