

Return by February 15, 2024

**Aurora Medical Center of Washington County  
MEDICAL STAFF SCHOLARSHIP**

The Medical Staff of Aurora Medical Center Washington County (Hartford) offers several scholarships totaling \$12,000 to high school seniors pursuing a career in healthcare. Examples of healthcare career opportunities include, but are not limited to, physician, dentist, podiatrist, nurse, physical, speech or occupational therapist, diagnostic imaging technicians, medical technologist, dietitian, physician assistant, nurse practitioner, medical record technician, etc. Please note: all information must be provided to submit your application. Applications missing information will be considered incomplete.

**SCHOLARSHIP APPLICATION**

[Please print legibly]

**Field of Interest:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**ACT  
Composite  
Score**

**SAT  
Composite  
Score (if you took it)**

**GPA**

**College you plan to attend:**

Institution Name: \_\_\_\_\_

Financial Contact (include email address): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City, State, Zip: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Attach the following supporting documents to this application (combine all into one PDF document file):**

1. A transcript of your high school grades which includes class rank
2. Results of your ACT and/or SAT scores
3. Proof of acceptance from your school or college
4. One letter of recommendation from any one of the following: teacher, clergy, community leader or other professional not related to you.
5. Submit a headshot photo (jpg format).

**Please answer the following questions using a format that allows you to provide as much information needed in a clear manner. The application questions can be typed in Microsoft Word or other program.**

**Questions to respond to:**

1. Why have you selected your field of interest as a career goal?
2. What have you done (classes, projects, community service, work, etc) that helped you decide to pursue a career in your chosen field of interest?

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3. In order of importance to you, list any extracurricular or community activities you have been involved in during the past four years. Note any honors or awards you have received for scholastic, athletic or other achievements. Please indicate the length of time/years/ seasons that you were involved in the activity and any leadership positions. \_\_\_\_\_
4. Please list any employment or volunteer work including length of time involved.
5. What is the personal achievement that you are most proud of?
6. What additional information about you do you feel would be helpful to the Scholarship Committee in the evaluation of your application? \_\_\_\_\_

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Applicant's Signature

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Date

**Scan and email documents as 1 Adobe pdf document to: [brenda.jochem@aah.org](mailto:brenda.jochem@aah.org) (Important: I am unable to receive Google, Dropbox, Cloud or other similar document types and cannot accept anything other than PDF documents. Your picture can be a jpg.)**