



HEALTH CAREERS SCHOLARSHIP APPLICATION

**PARTNERS OF REEDSBURG AREA MEDICAL CENTER
Reedsburg, WI**

January, 2025

To the Applicant:

Following is the application for the Health Careers Scholarship offered by the Partners of RAMC. Due to the large numbers of applicants, and the committee's desire to benefit as many candidates as possible, the scholarships will be awarded once per person. **Therefore, if you are a previous recipient of this scholarship, you are no longer eligible.** The application form is available on the Reedsburg Area Medical Center website at:

www.ramchealth.com

Please return to
ccraker@ramchealth.org

If you choose to complete the online application, **please print a copy and mail it to the address shown below.** You must have some connection to the Reedsburg community to be considered as an applicant for these scholarships. **A criminal background check** may also be performed on scholarship finalists.

The amounts of the scholarships are as follows:

1. \$750 scholarships will be awarded to full-time students (with at least 12 credits) enrolled in programs of four or more years. These scholarships will be paid out in one single payment of \$750 at the end of the first academic year, providing a minimum GPA of 2.5 is achieved.
2. \$400 scholarships will be awarded to students enrolled in two-year programs. These scholarships will be paid out in one single payment of \$400 at the end of the first semester, providing a minimum GPA of 2.5 is achieved.

The above scholarships will be distributed following submission of grade transcripts at the end of the completed semester(s). There is a "grace period" of one semester beyond the above requirements. Unless there are extenuating circumstances, the scholarship will be forfeited if transcripts are not received by the end of the grace period.

THE APPLICATION IS DUE POSTMARKED BY MARCH 15, 2025. Keep this page in your files in case you need to contact me: 608-985-7525 or dinahsafford@yahoo.com.

Upon graduation, if an opening is available in your particular field, the recipient is asked to consider working for a period of one year at the Reedsburg Area Medical Center or Reedsburg Area Senior Life Center.

Mail a copy of the Scholarship Application and a Wallet-Sized Photo to:

**Dinah Safford, Chairperson
Partners/RAMC Scholarship Cmmte.
E2704 Co Rd G
LaValle, WI 53941**

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PARTNERS OF REEDSBURG AREA MEDICAL CENTER

Reedsburg, WI

APPLICANT'S please note: Typing is preferred, but blue or black ink is acceptable. Do NOT write on the back of any pages! Awarding of scholarships will be based on the following: 1) desire for a health career, 2) financial need and 3) acceptance from a school. Also, please enclose a wallet size photo of yourself with the application.

Applicant's Name: _____ DOB: _____
(First) (Middle) (Last) (mm/dd/yy)

Home Address: _____
Street/PO Box City State/Zip

Phone #: Home _____ Cell _____

Email Address: _____

Occupation: _____ Employer: _____

Full Time ____ Part Time ____

Mother's Name: _____ Occupation: _____

Address: _____

Phone #: Home: _____ Cell _____

Father's Name: _____ Occupation: _____

Address: _____

Phone #: Home: _____ Cell _____

High School Students: Please list names/ages of other children in family

If Married: Spouse's Name: _____ Occupation: _____

If you have children, list names/ages: _____

Name/City/State of High School Attended: _____

Year of Graduation _____ GPA _____

List any Special Recognitions received for Excellent while in School or at Work (Honors, Prizes, or Scholarships):

Add extra page if needed.

List other Extra Curricular Activities in which you have been Involved (Include Volunteer Activities): **Add extra page if needed.**

1) JANICE ULRICH NURSING SCHOLARSHIP

A) If in High School, what College do you plan to attend?

Name _____ City/State: _____

Have you been accepted (**Y** or **N**)? _____ Beginning Date: _____

Number of years needed to complete your program: _____

B) If in College, what is the name of the school you are attending?

_____ GPA: _____

How many years of the program have you completed to date? _____

2) NON-NURSING HEALTH CAREER SCHOLARSHIP

List your Career Choice: _____

A) If in High School, what College do you plan to attend?

Name: _____ City/State _____

Have you been accepted (**Y** or **N**)? _____ Beginning Date: _____

Number of years needed to complete your program: _____

B) If in College, what is the name of the school you are attending?

_____ GPA: _____

How many years of the program have you completed to date? _____

Please answer the following questions.

1) What experiences/motivation led you to choose a health-career vocation?

2) What qualities do you possess that you believe will make it easier for you to achieve success in your chosen field?

3) Are there any areas in which you may need to strengthen yourself in order to reach your goal?

4) What connections do you have to the Reedsburg area:
