

## 1 PERSONAL DATA

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Number of Siblings and Ages: \_\_\_\_\_

Name of School Currently Enrolled In: \_\_\_\_\_

Healthcare Career You Are Considering: \_\_\_\_\_

Institutions for Which You Have Been Accepted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2 FINANCIAL DATA

To enable the committee to select scholarship recipients, it is necessary to evaluate financial need, as well as scholastic achievements, character, etc. For this reason, you are asked to provide the following information which will be treated as confidential.

A. How are you planning to fund your higher education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. How will your parents support your education? \_\_\_\_\_

## 3 SHORT WRITTEN ESSAY (Answer the following questions, not exceeding two typewritten double-spaced pages.)

- Why are you choosing to enter this healthcare field?
- To date, what have you done to demonstrate your interest in this health field?
- Describe how you have been a leader in school or in your community.
- How do you plan to finance your education?

## 4 CO-CURRICULAR & SERVICE ACTIVITIES

List the co-curricular and service activities in which you participated. Include any offices held or honors received while in high school.

ACTIVITIES	YEARS PARTICIPATED: FR, SO, JR, SR

# 2025 SCHOLARSHIP APPLICATION

SPONSORED BY THE RIPON  
COMMUNITY HOSPITAL AUXILIARY

## 5 WORK EXPERIENCE List any jobs held.

EMPLOYER	POSITION	DATES

## 6 REFERENCES

Please list the names of three people as references for you. No more than one person may be a teacher in the high school you are attending. Your references may be contacted by the committee.

NAME	OCCUPATION	RELATIONSHIP	PHONE

**I AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All portions of this application must be completed and mailed with your essay, as well as a transcript of your high school grades, to the address listed below:

**CONTACT:** Jason Blonigen  
 Volunteer Services Coordinator  
 SSM Health Ripon Community Hospital  
 845 Parkside Street  
 Ripon, WI 54971  
 920-745-3670

**ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 7, 2025.**

Scholarships awarded will be directed to the educational institution on behalf of the student.