

**Hayward Hospital Auxiliary Scholarship Application Form
(for non-Hayward High School and post-secondary applicants)**

Applicant's Name _____

Mailing Address _____

Telephone Number _____

Hayward Area Memorial Hospital & Water's Edge Affiliation:

None Employee (Dept. _____) Volunteer Child of Employee or Volunteer

If child of employee or volunteer, Name of Employee or Volunteer: _____

List the college or university that you are attending or plan to attend as well as the address:

Degree you are pursuing: _____

Please submit **all** of the following electronically, by mail or in person:

1. Applicant Narrative

- a. Describe key life experiences that have influenced you to choose a healthcare career.
- b. Additionally, please elaborate on volunteer experiences you may have had, how volunteering has impacted your life and benefitted your community.

2. Copy of Transcript

3. A resume that includes scholastic honors, athletic awards and distinctions, community service involvement and employment history.

4. One letter of Recommendation

You may choose an academic or non-academic source. Your reference should comment on how long and in what capacity you have been acquainted and what attributes you possess to successfully pursue an education in healthcare.

Signature of Applicant: _____ Date: _____

To be considered, this completed application and all required materials must be received NO LATER THAN April 10. Please mail to:

**Hayward Area Memorial Hospital, Attn: Auxiliary
11040 N State Road 77
Hayward, WI 54843**

or send electronically to:

auxhamh@hamhwe.com

Hayward Hospital Auxiliary Scholarship Rules

1. The deadline for receipt of applications is April 10th so that the committee may make a decision by May 1st.
2. The Scholarship Committee shall consist of the Auxiliary President, Health Careers Chairman, Hospital Chief Executive Officer and the Scholarship Chairperson.
3. Applicant must exhibit a sincere desire to pursue an education in a chosen health care field.
4. Application and **ALL** required documentation must be submitted to the Hospital Auxiliary via mail, in person or electronically.
5. Re-application can be made for the award each successive school year by April 10th whether or not you have previously received an award.
6. The funds will be sent directly to the Director of Financial Aid at the chosen school of the recipient upon proof of enrollment.
7. The scholarship fund is considered a gift/scholarship and need not be repaid, provided that the recipient remains in the health care field program for a period of not less than one academic year.
8. The Scholarship Committee is free to personally interview the applicants and the Committee's decision is final.

I HAVE READ AND UNDERSTAND THE ABOVE SCHOLARSHIP RULES AND
HEREBY MAKE APPLICATION FOR FUNDS WHICH WILL BE USED FOR THE
NECESSARY EXPENSES OF CONTINUING MY HEALTH CARE EDUCATION.

Signature of Applicant

Date