

2019/20 Scholarship Application

Vernon Memorial Healthcare Foundation

Purpose

The purpose of the VMH Scholarship Program is to financially assist students pursuing medical, nursing and other health care related careers. Questions regarding the scholarship program should be addressed to Donna Nelson at (608) 637-4374 or donelson@vmh.org.

Scholarship Funds

There are currently six funds maintained by the VMH Foundation, Friends of VMH and VMH Administration that are designated for scholarship awards: Jens Fuhr Scholarship Fund, Palmer Hovde Scholarship Fund, the Vernon Memorial Healthcare Nurse's Club Scholarship Fund, VMH Foundation Scholarship Fund, Friends of VMH Health Career Scholarship Fund and the VMH Scholarship Fund.

Eligibility

1. The applicant must be a college student currently enrolled (and accepted) in a degree program at an accredited college, university or technical school pursuing a degree in a medical, nursing or health care related field.
2. The applicant must be entering their final academic year of a technical, certificate, or associate degree program or have completed at least two years of study in a bachelor degree program.
3. The applicant must have achieved a grade point average of 3.0 (on a 4-point scale), or equivalent, for the academic year immediately prior to application.
4. The application must satisfy all application requirements and be received by the indicated due date in order to be considered.
5. Previous scholarship award recipients are eligible to reapply.

Preference will be given to candidates from the Vernon Memorial Healthcare service area with goals of working in health care careers supported by Vernon Memorial Healthcare or rural health care.

Application Requirements

1. Completed application form.
2. Personal statement.
3. Three letters of recommendation.
4. Current transcript.
5. Photograph.



Additional information regarding these supporting documents is available on the next page.

Application Submission

Applications and all supporting documents must be mailed to:
VMH Foundation C/O Donna Nelson,
507 S. Main Street, Viroqua, WI 54665

Application Deadline

Applications must be delivered to the VMH Foundation Office by:
July 31st, 2019.

Questions?

Questions regarding the VMH Foundation Scholarship application process can be directed to Donna Nelson, Foundation Liaison at (608) 637-4374 or donelson@vmh.org.

2019/20 Scholarship Application

Selection & Payment of Awards

Vernon Memorial Healthcare scholarship applications are evaluated by a review committee including representatives from the VMH Foundation and Friends of VMH. All candidates will be notified of their application status by August 31st, 2019.

No applicant will be discriminated against on the basis of race, color, religion, creed, national origin, sex or sexual orientation, age, handicap, marital status, arrest record, conviction record, or membership in the military of the United States or this state or any other category protected by law.

The requirement for payment of a scholarship award is a grade point average of 3.0 (on a 4-point scale), or equivalent in the medical, nursing or health care related field the scholarship is granted. Awards will be distributed in two payments. Grades and GPA or equivalent must be submitted upon completion of first and second semesters in order to receive payment of a scholarship award.

Required Supporting Documentation Instructions

All additional support documents must accompany the application and be submitted by the required due date.

Personal Statement

Prepare a one to two page typewritten personal statement in which you address the following:

1. What your educational objectives are.
2. Why you chose to enter the medical, nursing or health care field.
3. What you intend to do once you have received your degree (career goals).
4. Current or previous related work experience.
5. Financial need for this scholarship.
6. Any other information relevant to this application.
7. If you have been awarded a VMH Scholarship in the past, update us on your most recent accomplishments and financial need.

Your personal statement is an important aspect of the application and is the equivalent of an interview.

Letters of Recommendation

Three letters of recommendation are required, preferably from school officials who can discuss your academic and personal achievements as well as your potential for future success. Please have those persons comment on your present enrollment, academic status and ranking among peers. It would also be helpful if the letter addresses qualities such as maturity, motivation, self-confidence, leadership and commitment.

Current Transcript

A current transcript of your academic semester immediately prior to application must accompany this application.

Photograph

Please include a recent, 4in x 6in photograph of yourself as part of your application. Photographs are important as they are used as part of our award announcements. If your application is successful, your photograph may appear in local newspapers, VMH newsletters, social media platforms operated by VMH, and the VMH website. Other media outlets may also be used as part of the awards announcement.

2019/20 Scholarship Application

Vernon Memorial Healthcare Foundation

Please return your completed form and supporting documents to:
Vernon Memorial Healthcare Foundation, 507 S. Main Street, Viroqua, WI 54665

About You

first name

middle name

last name

current address

city

state

zip

mailing address *(if different from above)*

city

state

zip

email address

phone

date of birth

About Your Academic History

degree held *(if applicable)*

degree sought

anticipated graduation date

fall 2016 college/university

program

year of program

current college/university

program/GPA

from/until

previous college/university

program/GPA

from/until

high school

GPA

graduation year

Employment Information

employer

position

from/till

previous employer

position

from/till

2019/20 Scholarship Application

Volunteer Work

Are you, or have you ever been, a volunteer or employee of Vernon Memorial Healthcare? Yes No
If "yes", please provide dates and area of work.

Activities, Special Recognition & Community Involvement

Please provide information of activities which are beneficial to you personal career goals. (Continue on a separate piece of paper if necessary.)

high school _____

college/university _____

community _____

employment _____

Academic Scholarships & Grants

Please provide information on grants you have already received. (Continue on a separate piece of paper if necessary.)

_____	_____	_____	\$ _____
source	date applied	date awarded	amount
_____	_____	_____	\$ _____
source	date applied	date awarded	amount
_____	_____	_____	\$ _____
source	date applied	date awarded	amount

Required Supporting Documents

please include the following supporting documents along with this completed application by July 31st, 2019.

personal statement 3 letters of recommendation current transcript photograph of yourself

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the VMH Foundation and Friends of VMH permission to share this information for the purpose of recruitment and public relations. I further certify that I am currently enrolled in a medical school or in a nursing or health care career program at an accredited college or university for the upcoming academic year, and will use the Scholarship Award toward expenses related to my education. Falsification of information may result in termination of any scholarship granted. All application materials become the property of the VMH Foundation.

signature _____ date _____



Vernon Memorial Healthcare Foundation
507 S. Main Street, Viroqua, WI 54665
☎ (608) 637-4374 ✉ foundation@vmh.org 🌐 www.vmh.org