



Vernon Health Foundation and Friends of Vernon Health Scholarship Program 2026-27 Scholarship Application Instructions

Vernon Memorial Healthcare Foundation, Inc. ("the Foundation") and the Friends of Vernon Memorial Healthcare ("the Friends of VH") provide the funding for the Vernon Health Scholarship Program. Funding for the program is made possible by the generosity of the communities we serve and supported specifically by gifts, memorials, and donations made to the Foundation and the Friends of VH.

Scholarship Program Purpose

The purpose of the VH Foundation and Friends of VH Scholarship Program is to financially assist students pursuing medical, nursing and other health care related careers. Questions regarding the scholarship program should be directed to Jonathan McKenzie at (608) 637-4374 or jmckenzie@vmh.org.

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 healthcare related field, or may pursue a degree in a non-healthcare field if a current VH employee.
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. Those in a master or doctoral program are eligible to apply during any academic year.
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. The applicant must be a resident of Crawford, La Crosse, Monroe, Richland, or Vernon counties - or current VH Employee to be eligible.
6. Previous scholarship award recipients are eligible to reapply. Preference will be given to candidates 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.

Application Submission Process & Deadline

Application window is February 16, 2026, through April 30, 2026. Applications must be received by Jonathan McKenzie by **April 30th, 2026**. Applications and all supporting documents* must be emailed to jmckenzie@vmh.org or mailed to:

Vernon Health Foundation Scholarships

Attn: Jonathan McKenzie

507 S. Main Street

Viroqua, WI 54665

*The individuals writing your letters of recommendation must be the ones to submit the letters. There are two options for them to submit your letters of recommendation:

1. The individual writing the letter of recommendation may email it as an attachment to Jonathan McKenzie at jmckenzie@vmh.org.
2. The individual writing the letter may mail it to Jonathan McKenzie at the address above.

Required Supporting Documentation Instructions

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

Personal Statement

Your personal statement is an important aspect of the application and is the equivalent of an interview. 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 VH Scholarship in the past, update us on your recent accomplishments and financial need.

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. Letters must be either emailed directly to jmckenzie@vmh.org, or mailed from the person writing the letter directly to Jonathan at the address above.

Current Transcript

A current transcript of your academic semester immediately prior to application must accompany this application. Photograph, for publication purposes only.

Please include a recent high-resolution photograph (preferably a digital file) of yourself along with your application. Photographs are not used as part of the review process and will only be used to congratulate those applicants who receive a scholarship. The photo will be used as part of award announcements and should you receive an award, your photograph may appear in local newspapers, VMH publications, VMH e-newsletters, social media platforms operated by VMH, and the VMH website. Other media outlets may be used as part of the awards announcement. Your first and last name will also be announced.

Selection & Payment of Awards

Vernon Memorial Healthcare Foundation & Friends Scholarship Program applications are evaluated by a review committee including representatives from the Foundation and Friends of VMH. **All candidates will be notified of their application status by June 30, 2026.** If you are an award recipient, we would greatly value a thank you letter/card. We may quote all or part of the thank you card along with your first name in promotional materials to help us continue to raise funds for scholarships. No applicant will be discriminated against on the basis of race, color, religion, creed, national origin, gender, gender orientation, sexual orientation, age, disability, marital status, arrest record, conviction record, or membership in the military of the United States or any other category protected by law.

Scholarship award payments are made in two installments. One half of the scholarship will be awarded after the recipient provides an updated transcript from the previous (Fall) semester indicating a maintained Grade Point Average (GPA) of no less than 3.0 on a 4.0 scale, or equivalent, along with proof of enrollment into the upcoming Spring semester via email to the Development Manager. The second distribution date will be set for June and the remaining portion to be awarded after the student sends an updated transcript from their Spring semester with having maintained a GPA of 3.0. Recipients who are graduating before Spring of 2027, or recipients on a nontraditional schedule, will have a modified installment process for receiving their scholarship.



**Vernon Health Foundation and Friends of Vernon Health Scholarship Program
2026-27 Scholarship Application**

Please return your completed form and supporting documents (personal statement, photograph, current transcript, & letters of recommendation) to: jmckenzie@vmh.org or mail to: Vernon Health Foundation, Attn: Jonathan McKenzie, 507 S. Main Street, Viroqua, WI 54665

About You

<hr/> First Name	<hr/> Middle Name	<hr/> Last Name	
<hr/> Current Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Permanent Address (if different from above)	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Email Address	<hr/> Phone	<hr/> Date of Birth	

About Your Academic History

<hr/> Degree Held (if applicable)		
<hr/> Degree Sought	<hr/> Anticipated Graduation Date	
<hr/> Spring 2026 College/University	<hr/> Program	<hr/> Program Year
<hr/> Current College/University	<hr/> Program/GPA	<hr/> From/Until
<hr/> Previous College/University (if applicable)	<hr/> Program/GPA	<hr/> From/Until
<hr/> High School	<hr/> GPA	<hr/> Year Graduated

Employment Information

<hr/> Employer	<hr/> Position	<hr/> From/Until
<hr/> Previous Employer	<hr/> Position	<hr/> From/Until

Volunteer Work

Are you, or have you ever been, a volunteer or employee of Vernon Memorial Healthcare? If "yes", please provide dates and area of work. Please describe other volunteer efforts:

Activities, Special Recognition & Community Involvement

Please provide information about activities you have been involved with that are beneficial to your personal career goals - including High School, College or University, Community, Employment (Continue on a separate piece of paper if necessary):

Academic Scholarships & Grants

Please provide information on grants and scholarships you have received. If you were awarded a multi-year grant/scholarship, use the total you will receive across all years in the "Amount" line: (Continue on a separate paper if necessary)

Amount	Source	Date Awarded
Amount	Source	Date Awarded
Amount	Source	Date Awarded

Fall 2026 Tuition

Please list what your tuition for Fall of 2026 will be. Do not include other costs such as books, supplies, housing costs, meals, transportation, etc.

\$ _____

Attestment and Signature

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the Vernon Health Foundation and Friends of Vernon Health 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, nursing, or healthcare 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 VH Scholarship Program.

Signature

Date