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## **AVAILABLE SCHOLARSHIPS**

**ONE HEALTH CAREER SCHOLARSHIP:** This scholarship is to be awarded to a qualified third year, or above, college student who has been accepted into a health-related program (OT, PT, Pharmacy, Nursing, etc.) at a non-technical college or university. **AMOUNT:** The amount will be \$2,000.00, payable on or before August 15 to one selected recipient.

**ONE TECHNICAL COLLEGE SCHOLARSHIP:** This scholarship is to be awarded to a qualified student who has been accepted into a Technical College and is pursuing a health career. **AMOUNT:** The amount will be \$1,000.00, payable on or before August 15 to one selected recipient.

**MARY LARKIN MEMORIAL SCHOLARSHIP:** This scholarship is to be awarded to a qualified student who has been accepted in a health care program in a Technical College or a University and is pursuing a patient care health career. **AMOUNT:** The amount will be \$1,000.00 payable on or before August 15.

**BRH VOLUNTEEN SCHOLARSHIP:** This scholarship is to be awarded to a qualified graduating high school student who has been accepted into a two- or four-year college, university or technical school, and has served as a Black River Health Volunteen. **AMOUNT:** The amount will be \$1,000.00 payable on or before August 15 to a selected recipient.

## **APPLICANT QUALIFICATIONS**

- Resident of Jackson County, *or*
- Graduated from a high school in Jackson County, *or*
- Currently employed at a health care facility/agency in Jackson County for a minimum of one year, *or*
- Has served as a BRH Volunteen (for the Volunteen Scholarship).

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## HEALTH CAREER SCHOLARSHIP

**QUALIFICATION:** This scholarship is to be awarded to a qualified third year, or above, college student who has been accepted into a health-related program (OT, PT, Pharmacy, Nursing, etc.) at a non-technical college or university. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

**CRITERIA:** The selection of this recipient will be based on academic performance, financial need, demonstrated health career interest, and leadership in school or community activities as stated in the essay portion of the application form.

**APPLICATION PROCEDURE:** Application forms are available on the Black River Health website at [www.blackriverhealth.com](http://www.blackriverhealth.com), by writing to Sarah Osegard at Black River Health, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at [osegards@blackriverhealth.com](mailto:osegards@blackriverhealth.com). Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

**SELECTION:** Selection of the scholarship recipient will be done by a committee composed of members of the BRH Volunteers, a guidance counselor who will rotate each year from high schools in Jackson County and one community health professional.

**AMOUNT:** One scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$2,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

## TECHNICAL COLLEGE SCHOLARSHIP

**QUALIFICATION:** This scholarship is to be awarded to a qualified student who has been accepted into a Technical College and is pursuing a health career. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

**CRITERIA:** The selection of this recipient will be based on academic performance, financial need, demonstrated health career interest, and leadership in school or community activities as stated in the essay portion of the application form.

**APPLICATION PROCEDURE:** Application forms are available on the Black River Health website at [www.blackriverhealth.com](http://www.blackriverhealth.com), by writing to Sarah Osegard at Black River Health, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at [osegards@blackriverhealth.com](mailto:osegards@blackriverhealth.com). Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

**SELECTION:** Selection of the scholarship recipient will be done by a committee composed of members of the BRH Volunteers, a guidance counselor who will rotate each year from high schools in Jackson County, and one community health professional.

**AMOUNT:** One scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$1,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

## MARY LARKIN MEMORIAL SCHOLARSHIP

**QUALIFICATION:** This scholarship is to be awarded to a qualified student who has been accepted in a health care program in a Technical College or a University and is pursuing a patient care health career. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; or be currently employed at a health care facility/agency in Jackson County for a minimum of one year.

**CRITERIA:** The selection of the recipient will be based on academic performance, financial need, demonstrated interest in a patient care health career, and leadership in school or community activities as stated in the essay portion of the application form.

**APPLICATION PROCEDURE:** Application forms are available on the Black River Health website at [blackriverhealth.com](http://blackriverhealth.com), by writing to Sarah Osegard at Black River Health, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at [osegards@blackriverhealth.com](mailto:osegards@blackriverhealth.com). Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

**SELECTION:** Selection of the scholarship recipient will be done by a committee composed of members of the BRH Volunteers, a guidance counselor who will rotate each year from high schools in Jackson County, and one community health professional.

**AMOUNT:** The scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$1,000.00. The check will be made payable to both the recipient and the college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

## **BLACK RIVER HEALTH VOLUNTEEN SCHOLARSHIP**

**QUALIFICATION:** This annual scholarship is to be awarded to a qualified student who has been accepted in a Technical School, College, or University. The recipient must be a resident of Jackson County; or have graduated from a high school in Jackson County; and have served as a BRH Volunteer.

**CRITERIA:** The selection of the recipient will be based on academic performance, financial need, leadership in school or community activities, and volunteering with the BRH Volunteer Program, as stated in the essay portion of the application form.

**APPLICATION PROCEDURE:** Application forms are available on the Black River Health website at [blackriverhealth.com](http://blackriverhealth.com), by writing to Sarah Osegard at Black River Health, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail at [osegards@blackriverhealth.com](mailto:osegards@blackriverhealth.com). Phone requests can be made by contacting Sarah at 715-284-3606. Applications must be completed and submitted to the Scholarship Committee by April 15. **A copy of your most recent transcript is required with your application (unofficial is accepted).**

**SELECTION:** Selection of the scholarship recipient will be done by a committee composed of members of the BRH Volunteers, a guidance counselor who will rotate each year from high schools in Jackson County, and one community health professional.

**AMOUNT:** The scholarship will be awarded and applied toward the recipient's academic fees. The amount will be \$1,000.00. The check will be made payable to both the recipient and the tech school or college on or before August 15. Should the recipient not complete the course of study, the money will be repaid by the recipient within one year.

FIRST CONSIDERATION WILL BE GIVEN TO AN APPLICANT WHO HAS NOT RECEIVED A SCHOLARSHIP FROM US IN THE PAST.

## SCHOLARSHIP APPLICATION

Check the scholarship(s) for which you are applying. Only **one** application is necessary to cover any/all scholarships. First consideration will be given to students who have NOT received a scholarship from us in the past.

Technical College Scholarship

Mary Larkin Memorial Scholarship

Health Career Scholarship

BRH Volunteen Scholarship

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent's/Spouse's name: \_\_\_\_\_ Their occupation: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, employer's name: \_\_\_\_\_

How long at employer? \_\_\_\_\_

Name of high school: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Name of college and campus attending: \_\_\_\_\_

Current year/status in school: \_\_\_\_\_ Program: \_\_\_\_\_

Date of acceptance to school: \_\_\_\_\_ Present GPA: \_\_\_\_\_  
(Attach a copy of most recent transcript- Unofficial is acceptable)

Number of credits registered for/anticipate registering for this semester: \_\_\_\_\_

List **ALL** financial aid you are receiving and amounts: \_\_\_\_\_

**Essay:** Type a brief essay explaining why you are interested in a health career (**exception - Volunteen Scholarship**) and why you are applying for this scholarship. Include a summary of your personal and professional goals, involvement in school and/or community activities, and financial need. The **contents of your essay are very important** to your application and the committee's selection process.

**Transcript:** A copy of your most recent transcript is required with your application (unofficial is accepted).

**References:** Attach three reference letters. If already attending college, one reference must be from an instructor. If not in college, one reference must be from a high school teacher or your employer. **Please request your references to comment on your characteristics as related to motivation, leadership, concern for others, responsibility, emotional stability, and cooperation.** Request your references to use supporting examples when appropriate. Choose your references carefully. All three reference letters must be received by **April 15** for your application to be considered complete. If your references would prefer to send their letters directly to the committee, the letters can be mailed to Sarah Osegard at Black River Health, 711 West Adams Street, Black River Falls, WI, 54615, or e-mail to osegards@blackriverhealth.com. If emailing a letter, please follow-up with a phone call to Sarah at 715-284-3606 to ensure receipt of the email.

*I do hereby give my consent to Volunteers of Black River Health to release any information on this application to the Selection Committee. I also certify that all the information I have provided on this application is true and complete. If I am selected to receive a scholarship, I consent to having my name and photo placed in the local papers with a press release from Black River Health and my photo and name in the Black River Health's newsletters and social media pages. If I do not complete this course of study for any reason, I will repay the Volunteers of Black River Health the amount of money awarded to me within one year.*

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

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

**Return this application with current transcript, three reference letters, and essay by April 15 to:**

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Black River Health, Attn: Sarah Osegard, Volunteer Coordinator, 711 W. Adams, Black River Falls, WI 54615 –  
OR - Email to [osegards@blackriverhealth.com](mailto:osegards@blackriverhealth.com)