



430 E. Division Street  
Fond du Lac, WI 54935  
phone: 920-929-2300

Through our exceptional  
health care services,  
we reveal the healing  
presence of God.

January 2024

Dear Applicant:

The SSM Health Volunteers are offering scholarships again this year to area students.  
Criteria will be as follows:

- The student must be a high school senior
- Must reside in the SSM Health service area
- Must be pursuing a career in health care

Four \$2,000 scholarships will be awarded by the Volunteer Board to those pursuing a Bachelor's degree.  
One \$1,000 scholarship will be awarded to those pursuing an associates degree.

We are pleased to extend our financial support to high school seniors in achieving their career goals in health care.  
To apply, please submit the 2024 application, essay and transcripts.

Applications must be postmarked no later than March 8, 2024.

If you have any questions, please contact Volunteer Services at 920-926-4873.

Sincerely,

Barb Van Egtern  
Manager - Business Operations  
Barbara.Vanegtern@ssmhealth.com  
920-926-4966



# 2024 SCHOLARSHIP APPLICATION

SPONSORED BY THE VOLUNTEERS

## 1 PERSONAL DATA

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

Address: \_\_\_\_\_ County: \_\_\_\_\_

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

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

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

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

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

College at 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. List your total expenses for your first year of schooling using cost data provided by the institution you plan to attend.

Tuition \_\_\_\_\_ Books \_\_\_\_\_

Housing \_\_\_\_\_ Other \_\_\_\_\_

B. How much can you provide toward this from your own earnings and/or savings? \$ \_\_\_\_\_

C. How much will your parents provide financially per year? \$ \_\_\_\_\_

D. Have you received any other scholarships or grants to assist in financing your education? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

## 3 VOLUNTEER ACTIVITY

Have you volunteered for St. Agnes Hospital? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_ Hours

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

A. Why are you choosing to enter this healthcare field?

B. To date, what have you done to demonstrate your interest in this health field?

C. Describe how you have made a difference in school or in your community.

D. How do you plan to finance your education?

## 5 COMMUNITY & SCHOOL ACTIVITIES

List the community and school activities in which you participated, and any offices held or honors received while in high school.

| SCHOOL ACTIVITIES | YEARS PARTICIPATED: FR, SO, JR, SR |
|-------------------|------------------------------------|
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |
|                   |                                    |



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| COMMUNITY/WORK ACTIVITIES Include volunteer work at SSM Health and any jobs held. | YEARS PARTICIPATED: FR, SO, JR, SR |
|---|------------------------------------|
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |

Additional sheets may be attached.

## 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 | TELEPHONE |
|------|------------|-----------|
|      |            |           |
|      |            |           |
|      |            |           |

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 and class rank, to the address listed below:

**CONTACT:** Volunteer Services  
430 E. Division Street  
Fond du Lac, WI 54935  
920-926-4873

**ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 8, 2024.**

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