

Holy Family Medical/Dental Endowment Scholarship Application

Holy Family Medical/Dental staff has established a Medical/Dental Endowment Scholarship to help prepare today's students for the challenges of healthcare in the future.

Six scholarships will be available for \$2,000 each for any high school or college student pursuing a degree in a medical field.

The criteria for the scholarship are:

- **Acceptance at an accredited college, university, or technical school**
- **A Manitowoc County resident**
- **A grade point average of 3.0 or above is desired**
- **An essay that describes your health career objectives & financial need**

Application procedure:

Application must include the following:

1. Completed Application Form
2. Three letters of reference preferably one teacher, one workplace, and one personal
3. Most current grade transcript
4. A 200-300-word essay to include how this scholarship would help you pursue your goals, career objectives, and aspirations

Incomplete applications will not be eligible.

Guidelines:

The Holy Family Medical/Dental Endowment Scholarship may only be used for tuition. If scholarship money is awarded and not applicable for tuition, the money must be returned to Holy Family Memorial. The scholarship money will be sent directly to the school you attend and is to be used for tuition cost only.

Return applications by **May 6, 2022**

to: Treesa Peterik

Human Resources

Holy Family Memorial in Affiliation with

Froedtert & the Medical College of WI

2300 Western Ave., P.O. Box 1450

Manitowoc, WI 54221-1450

(920) 320-4025

Recipients will be notified May 20, 2022

Holy Family Medical/Dental Endowment Scholarship Application

General Information

Full Name

Address

Phone E-mail Address

Education

School Presently Attending

Expected Date of Graduation

Extracurricular Activities

College Accepted to

Course of Study

Anticipated Annual Costs:

Tuition	<input type="text"/>	Fees	<input type="text"/>	Books	<input type="text"/>
Room	<input type="text"/>	Board	<input type="text"/>	Total	<input type="text"/>

If you are awarded a scholarship, the entire amount will be sent directly to your school. Please provide the address of the Bursar's office:

Name

Street or PO Box

City/State/Zip

Volunteer Experience

(i.e. Church, school, community, etc.)

Important information to the applicant: Holy Family Medical/Dental Endowment Scholarship is awarded without regard to age, race, religion, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, military reserve status or any other characteristic protected by law.

Signature of Applicant _____ Date _____

Include with this application: 3 letters of reference Most current grade transcript 200-300 word essay