August 2020

Dear Scholarship Applicant:

Aurora Lakeland Medical Center Associates, the volunteer organization at Aurora Lakeland Medical Center, is offering scholarships to students who are entering their junior or senior year of an accredited college, technical, certificate, or associate program. The applicant must be a resident of Walworth County and pursuing an academic course of study leading to a career in the health care field.

To qualify, the scholarship applicant must be entering their junior or senior year this fall. The program must be a bachelor’s degree program or the final academic year of a technical, certificate or associate program. Applicants must be in good standing academically in the academic year immediately prior to application. Additionally, applicants pursuing a graduate degree will be considered for scholarships irrespective of the year in which they will obtain their degree.

If you meet these qualifications, please complete the enclosed scholarship application and return it to Aurora Lakeland Medical Center Associates, Attention Scholarship Committee, W3985 County Road NN, Elkhorn, WI 53121. Completed applications, references and transcripts must be received by October 30, 2020 in order to be considered by the Scholarship Committee. You may want to check with your references to be sure they have returned their information to us by that date.

Sincerely,

Marge Welch
Chairman, ALMCA Scholarship Committee
Scholarship Check List

To qualify for a scholarship award, the committee must have the following information by October 30, 2020:

- Application completed in full
- Essay of 500 words minimum
- Copy of latest official transcript
- Two references – one from a current or recent professor who can speak of your academic achievements and one from a professor or employer to speak of your professional achievements. Two academic references will be accepted.
- Non-discrimination form
AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship

Purpose

It is the desire of the Scholarship Committee that these awards be made available to residents of Walworth County, Wisconsin who are pursuing an academic course of study leading to a career in the healthcare field.

The proceeds of an award will be paid directly to the school’s Bursar office to be applied toward the spring semester of 2021 tuition and other fees required by the school.

- Applicants will be judged on scholastic ability, recommendation need, and desire to succeed.

- The decision of the Scholarship Committee is not subject to review.

- All information obtained is strictly confidential.
AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship

Instructions

1. Read the entire packet of information.

2. Complete the application form, along with the essay, and return with copy of latest official transcript no later than October 30, 2020.

3. Select two individuals who agree to act as references on your behalf. References must include: 1) one current or recent professor who can speak of your academic achievements; 2) one professor or employer to speak of your professional achievements; or include two academic references.

Complete the top portion of the reference forms and give one copy to each of them along with an envelope to return the form to

ALMCA Scholarship Committee
Aurora Lakeland Medical Center
W3985 County Road NN
Elkhorn, WI  53121

Be sure to tell them that the reference must be received by the Scholarship Committee no later than October 30, 2020.

4. All applicants will be notified no later than November 20, 2020.

5. If you have any questions regarding the application process or the status of your application, please call Marge Welch, Chairman Scholarship Committee, at 262-203-2711.
Qualification of Candidates

1. Candidates must be residents of Walworth County.
2. Previous recipients may apply.
3. Candidates must be enrolled in a healthcare program and in their junior or senior year of a bachelor degree program or entering their final academic year of a technical, certificate, or associate degree program. Applicants pursuing a graduate degree will be considered for a scholarship irrespective of the year in which they will obtain their degree.
4. Applicants must be in good standing academically for the year immediately prior to application.
5. Candidates must complete the application process according to established guidelines.
6. The award will be made solely on the merits of the application and without regard to age, sex, race, or national origin.

Selection of Recipients

1. The Scholarship Committee shall review and evaluate each application.
2. The Scholarship committee shall consider the following factors in deciding the relative merit of applicants and determining the final selection:
   a. Candidates meet the qualifications
   b. Applicants demonstrate financial need
3. In the event that the Scholarship Committee determines that no applicants are qualified to receive an award, no award shall be given.
4. Recipients shall be notified by the Scholarship Committee.

General Conditions Governing the Award

1. Scholarships are awarded to candidates complying with the conditions set forth.
2. The responsibility for selection of award recipients shall be vested with the Scholarship Committee. Selection of recipients shall be made according to such method as determined by the committee. This method is stated in Qualifications of Candidates and the Selection of Recipients sections.
AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship Application Form
2020

Applicant’s Name ____________________________________________

Address ______________________________________________________

City __________________________ State ______ Zip Code ____________

Telephone ______________________ E-mail address ______________________

School for which scholarship is requested __________________________

School Address __________________________________________________

Student ID Number ______________________________________________

Are you currently attending this school? ______ If yes, what academic year/level? ________________

If no, when will you begin classes? ________________________________

Type of program you are pursuing (check one) Certificate/Technical _______ Associate Degree _______

Bachelor’s Degree ____________ Other (specify) ____________________________

Course of study (Nursing, Physical Therapy, Medical Technology, etc.) __________________________

Tuition cost for one semester ______________________________________

When do you anticipate completion of your course of academic study? (month/year) _________________

Are you currently employed? ______ If yes, who is your employer? ________________________________

How long have you worked for this employer? ____________ Current job title ______________________

Are you receiving any other financial assistance? Yes _____ No ______

Bursor’s Office __________________________________________________

Address ______________________________________________________ Contact Name ____________________

Essay
Please attach a typewritten essay, with a minimum of 500 words, addressing the following issues:
1. A brief personal academic history, including GPA, any honors or awards, etc.
2. A brief description of your academic goals.
3. A description of your professional aspirations.
4. An explanation of why you feel you need financial assistance.

References
Please have two individuals complete the reference form and send them directly to Aurora Lakeland Medical Center Associates, Attention Scholarship Committee, W3985 County Road NN, Elkhorn, WI 53121, no later than October 30, 2020. References must include: 1) one current or recent professor who can speak of your academic achievements; 2) one professor/employer to speak of your professional achievements; or include two academic references.
Applicant completes this section:

Applicant’s Name (print or type): ________________________________________________________________

Address: _________________________________________________________________________________

Reference completes this section: The above named person has applied for a healthcare scholarship offered by Aurora Lakeland Medical Center Associates. This scholarship is offered to individuals who are pursuing academic study leading to a career in the health care field. The applicant requests that you provide a reference on his/her behalf. Please complete the following reference form and return it to Aurora Lakeland Medical Center Associates.

Name: ____________________________________________________________________________________

Title: ____________________________________________________________________________________

Address: _________________________________________________________________________________

1. In what capacity have you known the applicant, and for how long?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Please describe accomplishments and/or activities of the applicant that indicate potential academic and professional success in the health care field (use reverse side if more space is required).
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Return completed reference form no later than October 30, 2020 to

Aurora Lakeland Medical Center Associates
Attention: Scholarship Committee
W3985 County Rd NN
Elkhorn, WI 53121
Applicant completes this section:

Applicant’s Name (print or type): ____________________________________________
Address: ____________________________________________________________________
__________________________________________________________________

Reference completes this section: The above named person has applied for a healthcare scholarship offered by Aurora Lakeland Medical Center Associates. This scholarship is offered to individuals who are pursuing academic study leading to a career in the health care field. The applicant requests that you provide a reference on his/her behalf. Please complete the following reference form and return it to Aurora Lakeland Medical Center Associates.

Name: ____________________________________________________________________
Title: ____________________________________________________________________
Address: ____________________________________________________________________
__________________________________________________________________

1. In what capacity have you known the applicant, and for how long?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

2. Please describe accomplishments and/or activities of the applicant that indicate potential academic and professional success in the health care field (use reverse side if more space is required).
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Return completed reference form no later than October 30, 2020 to

Aurora Lakeland Medical Center Associates
Attention: Scholarship Committee
W3985 County Rd NN
Elkhorn, WI 53121
Non-Discrimination

Awards given through this scholarship shall be made without regard to age, gender, race, or national origin.

I certify that the attached information is correct and complete, and I understand that I am solely responsible for the content and accuracy of my application. I further understand that any application received after October 30, 2020, any omission of information, or inaccuracies will be cause for dismissal of this application. I hereby release from any and all liability all representatives of Aurora Lakeland Medical Center, Aurora Lakeland Medical Center Associates, Inc., and the Scholarship Selection Committee from their acts in good faith in connection with evaluating my application, credentials, and qualifications.

_______________________________  ________________________________
Signature                          Date

Please return completed application form, the essay and transcripts no later than October 30, 2020. Mail to:

Aurora Lakeland Medical Center Associates
Attention: Scholarship Committee
W3985 County Road NN
Elkhorn, WI 53121