

2025 Aurora Medical Center Sheboygan County Medical Staff High School Scholarship

Scholarship Guidelines

One \$1,000 non-renewable scholarship is awarded to a high school senior who meets the following criteria:

- attends one of the following high schools: *Cedar Grove-Belgium High School, Elkhart Lake-Glenbeulah High School, Howards Grove High School, Kiel High School, Kohler High School, New Holstein High School, Oostburg High School, Plymouth Comprehensive High School, Random Lake High School, Sheboygan Area Lutheran High School, Sheboygan County Christian High School, Sheboygan Falls High School, Sheboygan North High School, Sheboygan South High School; and one scholarship from one of the following charter high schools: Central High School, Etude High School, George D Warriner High School, and Tower Academy*
- *have a GPA of 3.0 or above*
- *be enrolled in an accredited 2-4 year health care-related degree program*

(Please note: Application should be directed to your High School Counselor/School Counseling Office)

A complete scholarship application form with supporting information must be submitted to your high school counselor/school counseling office by Friday, February 7, 2025. Late or incomplete applications will not be considered. (This date is earlier than usual, as it has been requested by some schools as many colleges are requiring students to make a commitment by the May 1 deadline.)

A complete application will include:

- *A copy of transcript through a minimum of seven semesters. (Does not need to be an official school transcript.)*
- *A copy of ACT and/or SAT scores, if applicable.*
- *A personal essay (separate sheet of paper, limited to one page in length). Aurora's Purpose "We help people live well". Describe how your career choice will enhance Aurora's Purpose and how you will apply this to your community in the future.*
- *A Student Activity Profile (i.e., extra-curricular activities including years participating and leadership positions held; community activities including dates participated, hours served, and leadership positions held; awards received and years presented (including athletic awards); and work experience/position and dates of employment).*

** Scholarship recipients will be notified of the decisions made.

** Actual payment of scholarship funds will be made directly to the institution of higher learning.

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Please print clearly in ink or type.

Name _____
Last name First name M.I.

Address _____
Street City State ZIP County

Home Phone # _____ Cell Phone # _____

Email _____

Parent(s) or Guardian(s) Name _____

High School _____ High School Graduation Date _____

Post-secondary school you plan to attend _____

Field of study you plan to pursue _____

Authorization is granted to your high school and/or post-secondary school to release any information on this page to Educational Institutions.

Signature of applicant _____ Date _____

Signature of parent (if under 18) _____ Date _____