



# 2012 Academic Scholarship Program

*Aurora Health Foundation in Manitowoc County*



*Aurora Health Foundation*®

[Aurora.org/Scholarship](http://Aurora.org/Scholarship)

The following general guidelines have been established for all Aurora Health Foundation Manitowoc County scholarships. To apply, an applicant must complete the following steps:

*(Use this as a checklist when preparing your scholarship application materials. Please do not use staples when submitting your information.)*

**Complete and sign a scholarship application form and submit it to Aurora Health Foundation postmarked by Friday, March 9, 2012.**

Application forms are available through high school guidance offices, college financial aid offices and Aurora Human Resources Department.

Applicants also must:

- Be accepted or have acceptance pending at an accredited institution of higher learning.
- Reside or attend school in Manitowoc County.
- Provide a minimum of two letters of recommendation from authoritative persons who know the applicant's abilities and strengths, and who are familiar with the applicant through an *academic setting* (i.e., teacher, guidance counselor, faculty advisor, school administrator or dean).
- Provide a minimum of one letter of recommendation from an authoritative person who is familiar with the applicant's abilities and strengths, and who knows the applicant through a *non-academic setting* (i.e., employer, coach, minister or pastor, or volunteer supervisor).

- Submit a copy of an official high school transcript (through a minimum of seven semesters). If the applicant has graduated from high school, a copy of an official transcript from each institution of higher learning attended must be included.
- Submit a copy of a college entrance exam scores (ACT and/or SAT, if applicable).
- Complete a personal essay (see back page of this form).
- If you are not a high school student, please include a paragraph about your circumstances in the essay portion.

All applicants will be notified by mail of the decisions made by the Aurora Health Foundation Scholarship Advisory Group.

***Please note:** Scholarship certificates will be awarded to recipients. Actual payment of scholarship funds will be made directly to the institution of higher learning.*

***I wish to apply for the following Aurora Health Foundation scholarships:***

***Please mark boxes of scholarships for which you qualify.***

- Aurora Medical Center in Manitowoc County Scholarships
- Aurora Medical Center in Manitowoc County Volunteer Services Scholarship(s)
- Aurora Physicians of Manitowoc County Scholarship(s)

***Thank you for your interest in Aurora Health Foundation scholarships. If you have questions about these awards, please contact the Aurora Health Foundation office at 920-449-7731.***



# Aurora Health Foundation Scholarship Application

Please print clearly in ink or type.

Name \_\_\_\_\_  
Last name First name M.I.

Address \_\_\_\_\_  
Street City ZIP County

Parent(s) name \_\_\_\_\_  
(and address if different)

Email \_\_\_\_\_

Applicant's phone number (\_\_\_\_\_) \_\_\_\_\_ High school graduation date \_\_\_\_\_

Name and location of high school you will or did graduate from \_\_\_\_\_

Accumulative grade point average \_\_\_\_\_ (on a \_\_\_\_\_ scale) Class rank \_\_\_\_\_ (out of \_\_\_\_\_ students)

## ACT/SAT Scores

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**ACT Scores** (list two-digit number value in spaces provided below category)

**SAT Scores** (list three-digit number value in spaces provided below category)

**English**   **Math**   **Reading**   **Science**   **Composite**

**SAT Reading**   **SAT Math**   **SAT Writing**

\_\_\_\_\_

College or university you plan to attend or are currently attending: \_\_\_\_\_

Degree or field of study you plan to pursue: \_\_\_\_\_

Do you plan to seek employment with Aurora after completion of your education?    Yes    No

Please list any other scholarships and/or employee tuition reimbursement you have applied for and indicate any that already have been granted (include dollar amount).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you (or any family member) currently employed by or volunteers at Aurora Health Care? If so, please list the name, job title and facility where he/she works, and his/her relationship to you.

\_\_\_\_\_  
\_\_\_\_\_

Please list any extracurricular activities and/or elected offices held during high school or afterward (include dates, positions held, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any volunteer, community or church-related activities you are or have been involved in (include dates, positions held, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any awards, special recognition or honors you have received in any area (including athletics).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your past work experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

