Available Scholarships:

Aurora Medical Center in Manitowoc County Scholarship awards a one-time $1,000 scholarship to a total of 2 students (high school or college), annually.

Aurora Physicians in Manitowoc County Scholarship awards a one-time $1,000 scholarship to a total of 2 students (high school or college), annually.

Aurora Medical Center in Manitowoc County Volunteers Services Scholarship awards a one-time $500 scholarship to a total of 2 students (high school or college), annually.

Scholarship guidelines

The following general guidelines have been established for all Aurora Health Foundation scholarships. Additional guidelines and requirements may be included under specific scholarship headings. To apply for an Aurora Health Foundation scholarship, an applicant must complete the following steps:

Use this as a checklist when preparing your scholarship application materials. Do not use staples when submitting your information. No applications or materials will be accepted via email.

Complete and sign this scholarship application form and submit it, along with all requested materials, postmarked by March 31, 2020 to Aurora Medical Center – Manitowoc County, Attn: Brenda Cooley, Human Resources, 5000 Memorial Drive, Two Rivers, WI 54241

Applicants also must:

- Reside or attend school in Manitowoc County
- Be accepted or have acceptance pending at an accredited institution of higher learning.
- Be pursuing a degree in a healthcare related field.
- Provide a minimum of one letter of recommendation from an authoritative person who knows the applicant’s abilities and strengths, and who knows 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 knows the applicant through a non-academic setting (i.e., employer, coach, minister or pastor, or volunteer supervisor).
- [High School Students] Submit a copy of an official high school transcript (through a minimum of seven semesters)
- [College Students] Submit a copy of an official transcript from each institution of higher learning attended.
- [High School Students] Submit a copy of official college entrance exam scores (ACT and/or SAT, if applicable).
- Complete the personal essay (see last page of this form).

All applicants will be notified by mail of the decisions made by the Scholarship Advisory Group. Actual payment of scholarship funds will be made directly to the institution of higher learning.

About Aurora Health Foundation

Part of the Aurora Health Foundation’s goal is to be the leading provider of charitable resources for health care needs, community education and patient care in the communities it serves. Aurora Health Foundation awards a number of merit-based academic scholarships to deserving students who will be or who currently are pursuing a degree in a health care-related field.

Scholarships are awarded primarily on the basis of outstanding academic achievement, leadership and volunteer activities. However, financial need may be taken into consideration when selecting winners.
2020 Academic Scholarship Program
Aurora Health Care – Manitowoc County

Please print clearly in ink or type.

Name

(Last) (First) M.I.

Address

(Street) (City) (Zip)

Parent(s) name: (and address if different) [High School Students Only]

Email

Applicant’s phone number (________) ____________________________ High School graduation date __________

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

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

If no, please explain (this in no way will impact eligibility): ____________________________

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

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

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

Please explain why you have chosen a health care career and what qualities you possess that will enable you to become a great health care provider. Please include something about yourself that is not already listed elsewhere in your application. (*Limit your essay to one 8.5 X 11” page with 1” margins and a 12- point font.*)

I attest that the information contained herein is true and complete.

__________________________________________  __________________________________________
Signature of applicant  Today’s date