2020 Academic Scholarship Program
AURORA HEALTH CARE – SHEBOYGAN COUNTY

Available Scholarships

Aurora Health Center Sheboygan Scholarship

Amount: $1,000 non-renewable

Two scholarships are awarded to team members of Aurora Health Center Sheboygan and the Central Billing Office, or their children. Both undergraduate and graduate students are encouraged to apply. (Applicants are NOT required to pursue a health care-related career.)

Aurora Sheboygan Memorial Medical Center Scholarship

Amount: $1,000 non-renewable

Two scholarships are awarded to team members of Aurora Sheboygan Memorial Medical Center, or their children. Both undergraduate and graduate students are encouraged to apply. (Applicants are NOT required to pursue a health care-related career.)

Aurora Sheboygan Memorial Medical Staff High School Scholarship

Amount: $1,000 non-renewable

One scholarship is awarded to a senior at each high school as noted below. Student must be enrolled in an accredited health care-related program.

High Schools: Cedar Grove-Belgium High School, Elkhart Lake High School, Howards Grove High School, Kiel High School, Kohler High School, New Holstein High School, North High School, Oostburg High School, Plymouth High School, Random Lake High School, Sheboygan Area Lutheran High School, Sheboygan County Christian High School, Sheboygan Falls High School, South High School; and one scholarship from one of the following high schools: Central, Etude, and George Warriner High Schools and Tower Academy

About our scholarships ...

Eligible applicants are those who plan to study at an accredited college, university, or technical school for any health care-related career. (Applicants for the Aurora Health Center Sheboygan Scholarship or the Aurora Sheboygan Memorial Medical Center Scholarship may pursue a career in any field and are not limited to the health care-related field.)
Scholarship Guidelines

To apply for a Sheboygan County Aurora Health Care scholarship, an applicant must:

☐ Submit a complete scholarship application form with supporting information to the below address, email address, or fax by Monday, March 2, 2020. Applications POSTMARKED March 2, 2020, WILL BE accepted. Late or incomplete applications will not be considered.

☐ Reside or attend school in Sheboygan County. See additional requirements for Aurora Sheboygan Memorial Medical Staff High School Scholarship on Page 1.

☐ Submit a copy of transcript through a minimum of seven semesters. (Does not need to be an official school transcript.)

☐ Submit a copy of ACT and/or SAT scores.

☐ Complete a personal essay (separate sheet of paper, limited to one page in length). Aurora’s Vision is “Provide people with better health care than they can get anywhere else”. Describe how your career choice will enhance Aurora’s Vision and how you will apply this to your community in the future.

☐ Submit 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.

About Aurora Health Care

Aurora Health Care is an integrated, not-for-profit, and all-for-people health care provider serving communities throughout eastern Wisconsin and northern Illinois. Our approach keeps people in our minds and at the heart of everything we do. We treat each person as a person, not as a patient, an illness or an appointment.

Aurora got its start in 1984 when two established Milwaukee hospitals, St. Luke’s Medical Center and Good Samaritan Medical Center, came together to form Aurora Health Care. Over the years, our organization grew, allowing us to help more people and communities.

Today we serve communities throughout eastern Wisconsin and northern Illinois, with 15 hospitals, more than 150 clinics and 70 pharmacies in 30 communities. We strive to offer services that are close to home, and help make the whole community healthier.

Thank you for your interest in Sheboygan County Aurora Health Care scholarships. If you have any questions about these awards, please contact Rhonda Peszko at 920-451-5676.

Return application to:
Rhonda Peszko
Executive Assistant, Medical Staff
2629 N. 7th Street
Sheboygan, WI 53083
rhonda.peszko@aurora.org
Fax 414-385-1502
2020 Academic Scholarship Program Application
AURORA HEALTH CARE – SHEBOYGAN COUNTY

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 or are currently attending
________________________________________________________

Field of study you plan to pursue ______________________________________

For Aurora Health Center Sheboygan Scholarship Applicants Only:
☐ I am an Aurora Health Center Sheboygan or Central Billing Office team member
☐ I am a child of an Aurora Health Center Sheboygan or Central Billing Office team member

For Aurora Sheboygan Memorial Medical Center Scholarship Applicants Only:
☐ I am an Aurora Sheboygan Memorial Medical Center team member
☐ I am a child of an Aurora Sheboygan Memorial Medical Center team member

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

Signature of applicant _____________________________________________ Date __________

Signature of parent (if under 18) __________________________________________ Date __________