



2021-2022 Scholarship Application

Scholarship Program for Graduating High School Seniors

Vernon Memorial Healthcare is pleased to offer a \$1,000 scholarship to one graduating high school senior from each of the following area school systems: La Farge High School, North Crawford High School, and Westby High School. Qualified applicants will be able to demonstrate community involvement and acceptance to an accredited school in pursuit of a degree in a healthcare profession.

Please indicate which one of the following scholarships you are applying for:

- Vernon Memorial Healthcare's Dr. James DeLine Scholarship, La Farge High School
- Vernon Memorial Healthcare's Dr. Timothy Devitt, North Crawford High School
- Vernon Memorial Healthcare's Dr. P.T. Bland Scholarship, Westby High School

Eligibility

1. The applicant must be a high school senior student currently accepted in a program at an accredited college, university, or technical school pursuing a degree in a healthcare related field.
2. The applicant must meet at least minimum requirements for enrollment as a full-time student.
3. The applicant must be willing to agree to be part of the marketing of the recipients.
4. The application must satisfy all application requirements, listed below, and be received by the indicated due date in order to be considered.

Application Requirements

1. Completed application form.
2. Personal statement.
3. One letter of recommendation.
4. Proof of acceptance into accredited school, enrolled as a full-time student.
5. Photograph.

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Additional information regarding these supporting documents is available on the next page.

Application Submission Process & Deadline

Applications and all supporting documents must be submitted to the appropriate high school counselor, who will submit to the appropriate selection committee. This individual will send award recipient application to:

Vernon Memorial Healthcare
ATTN: Nicole Loeffelholz
507 S. Main Street
Viroqua, WI 54665

Applications must be delivered to Vernon Memorial Healthcare by: April 1st

Questions regarding the VMH Scholarship Program for Graduating High School Seniors application process can be directed to Nicole Loeffelholz at (608) 637-4374 or via email to nloeffelholz@vmh.org.

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Required Supporting Documentation Instructions

All additional support documents below must accompany the application, found on the following pages, and be submitted by the required due date.

Personal Statement

Your personal statement is an important aspect of the application and is the equivalent of an interview. Prepare a typewritten personal statement in one to two pages in which you address the following:

1. What your educational objectives are.
2. Why you chose a program in pursuit of a healthcare field.
3. What you intend to do once you have received your degree (career goals).
4. Financial need for this scholarship.
5. Any other information relevant to this application.

Letter of Recommendation

One letter of recommendation is required, preferably from school officials who can discuss your academic and personal achievements as well as your potential for future success. Please have individual providing letter of recommendation to comment on your present acceptance to an accredited school, academic status and ranking among peers. It would also be helpful if the letter addresses qualities such as motivation, self-confidence, leadership, and commitment.

Proof of Acceptance into Accredited School

Applicant must submit proof of acceptance to an accredited school. A letter of acceptance or official correspondence from an accredited school official showing acceptance to a program is acceptable.

Photograph for Publication Purposes

Please include a recent high-resolution digital image file (JPG format preferred) or a professional grade 4 in. x 6 in. print image of yourself along with your completed application materials. If a print is submitted, VMH Marketing may reach out for the digital version, and reserves the right to edit original images as needed. Once you sign the application, you provide VMH the right to use photograph as part of any award announcements. Your photograph may appear in local newspapers, VMH newsletters, social media platforms operated by VMH, and the VMH website. Other media outlets may also be used as part of the awards announcement. If you are under 18 years of age, a legal parent or guardian must also sign your application as part of this agreement.

Selection & Payment of Awards

Vernon Memorial Healthcare Scholarship Program for Graduating High School Seniors applications are evaluated by a review committee, with Vernon Memorial Healthcare administration reserving final rights to decision if needed. All candidates will be notified of their application status by August 31, 2021.

No applicant will be discriminated against on the basis of race, color, religion, creed, national origin, sex or sexual orientation, age, handicap, marital status, arrest record, conviction record, or membership in the military of the United States or any other category protected by law.

The \$1,000 scholarship award payment will be made following the recipient provides proof of payment for the first semester tuition. This must be provided to VMH in order for payment to be sent to recipient.





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Please return your completed form and supporting documents to your high school counselor.

About You

_____	_____	_____	
First Name	Middle Name	Last Name	
_____	_____	_____	
Current Address	City	State	Zip
_____	_____	_____	_____
Permanent or Home Address (<i>if different from above</i>)	City	State	Zip
_____	_____	_____	_____
Email Address	Phone		

About Your Academic History

High School		
Did you graduate high school in spring 2021? YES or NO (circle answer)		
_____	_____	_____
Fall 2021 College/University	Program	Year of Program

Activities, Special Recognition & Community Involvement

Please provide information about activities you have been involved with that are beneficial to your personal career goals. (Continue on a separate piece of paper if necessary.)

High School	_____

Community	_____

Employment	_____

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Volunteer Work

Are you, or have you ever been, a volunteer or employee of Vernon Memorial Healthcare? Yes No
If "yes", please provide dates and area of work. Please describe other volunteer efforts.

Required Supporting Documents

Please include the following supporting documents along with this completed application by August 31, 2021.

- Personal Statement
- One Letter of recommendation
- Proof of Acceptance to Accredited School
- Photograph of yourself

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the Vernon Memorial Healthcare permission to share this information for the purpose of recruitment and public relations. I further certify that I am currently enrolled in a healthcare degreed program for the upcoming academic year, and will use the Scholarship Award toward expenses related to my education. Falsification of information may result in termination of any scholarship granted. All application materials become the property of the Vernon Memorial Healthcare for administration of the VMH Scholarship Program.

signature

date

signature of legal parent/guardian if under 18 years of age

date

