

Health Care Scholarships Available



From Aurora Lakeland Medical Center Associates

Aurora Lakeland Medical Center Associates, the volunteer organization at Aurora Lakeland Medical Center, is again offering scholarships to college students who are residents of Walworth County and are pursuing a career in health care.

To qualify, the scholarship applicant must be:

- *A resident of Walworth County*
- *Enrolled in their junior or senior year of a bachelor's degree program*
- *Entering their final academic year of a technical, certificate or associate degree program.*
- *Applicants pursuing a graduate degree will be considered for scholarships irrespective of the year in which they will obtain their degree.*
- *Applicants must be in good standing academically for the year immediately prior to application.*

Call Volunteer Services at Aurora Lakeland Medical Center at 262-741-2077, for an application, or email jeanine.cowan@aah.org or stop at the front desk of our hospital.

Application Deadline is November 30, 2024

October 2024

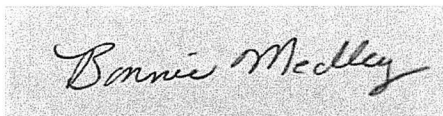
Dear Scholarship Applicant:

Aurora Lakeland Medical Center Associates, the volunteer organization at Aurora Lakeland Medical Center, is offering scholarships to students who are entering their junior or senior year of an accredited college, technical, certificate, or associate program. The applicant must be a resident of Walworth County and pursuing an academic course of study leading to a career in the health care field.

To qualify, the scholarship applicant must be entering their junior or senior year this fall. The program must be a bachelor's degree program or the final academic year of a technical, certificate or associate program. Applicants must be in good standing academically in the academic year immediately prior to application. Additionally, applicants pursuing a graduate degree will be considered for scholarships irrespective of the year in which they will obtain their degree. The proceeds of this award will be paid directly to the college and applied towards the spring semester of 2025 tuition and other fees required by the school.

If you meet these qualifications, please complete the enclosed scholarship application, and return it to Aurora Lakeland Medical Center Associates, Attention Scholarship Committee, W3985 County Road NN, Elkhorn, WI 53121. Completed applications, references and transcripts must be received by November 30, 2024, in order to be considered by the Scholarship Committee. You may want to check with your references to be sure they have returned their information to us by that date.

Sincerely,



Bonnie Medley
Chairman, ALMCA Scholarship Committee

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship

Scholarship Check List

To qualify for a scholarship award, the committee must have the following information by November 30, 2024:

- Application completed in full
- Essay of 500 words minimum
- Copy of latest official transcript
- Two references – one from a current or recent professor who can speak of your academic achievements and one from a professor or employer to speak of your professional achievements. Two academic references will be accepted.
- Non-discrimination form

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship

Purpose

It is the desire of the Scholarship Committee that these awards be made available to residents of Walworth County, Wisconsin who are pursuing an academic course of study leading to a career in the healthcare field.

The proceeds of an award will be paid directly to the school's Bursar office to be applied toward the spring semester of 2025 tuition and other fees required by the school.

- Applicants will be judged on scholastic ability, recommendation need, and desire to succeed.
- The decision of the Scholarship Committee is not subject to review.
- All information obtained is strictly confidential.

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship

Instructions

1. Read the entire packet of information.
2. Complete the application form, along with the essay, and return with copy of latest official transcript no later than November 30, 2024.
3. Select two individuals who agree to act as references on your behalf. References **must** include: 1) one current or recent professor who can speak of your academic achievements; 2) one professor or employer to speak of your professional achievements; or include two academic references.

Complete the top portion of the reference forms and give one copy to each of them along with an envelope to return the form to

ALMCA Scholarship Committee
Aurora Lakeland Medical Center
W3985 County Road NN
Elkhorn, WI 53121

Be sure to tell them that the reference must be received by the Scholarship Committee no later than November 30, 2024.

4. All applicants will be notified no later than December 15, 2024.

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship

Qualification of Candidates

1. Candidates must be residents of Walworth County.
2. Previous recipients may apply.
3. Candidates must be enrolled in a healthcare program and in their junior or senior year of a bachelor's degree program or entering their final academic year of a technical, certificate, or associate degree program. Applicants pursuing a graduate degree will be considered for a scholarship irrespective of the year in which they will obtain their degree.
4. Applicants must be in good standing academically for the year immediately prior to application.
5. Candidates must complete the application process according to established guidelines.
6. The award will be made solely on the merits of the application and without regard to age, sex, race, or national origin.

Selection of Recipients

1. The Scholarship Committee shall review and evaluate each application.
2. The Scholarship committee shall consider the following factors in deciding the relative merit of applicants and determining the final selection:
 - a. Candidates meet the qualifications.
 - b. Applicants demonstrate financial need.
3. In the event that the Scholarship Committee determines that no applicants are qualified to receive an award, no award shall be given.
4. Recipients shall be notified by the Scholarship Committee.

General Conditions Governing the Award

1. Scholarships are awarded to candidates complying with the conditions set forth.
2. The responsibility for selection of award recipients shall be vested with the Scholarship Committee. Selection of recipients shall be made according to such method as determined by the committee. This method is stated in Qualifications of Candidates and the Selection of Recipients sections.

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship Application Form
2024

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail address _____

School for which scholarship is requested _____

School Address _____

Student ID Number _____

Are you currently attending this school? _____ If yes, what academic year/level? _____

If no, when will you begin classes? _____

Type of program you are pursuing (check one) Certificate/Technical _____ Associate Degree _____

Bachelor's Degree _____ Other (specify) _____

Course of study (Nursing, Physical Therapy, Medical Technology, etc.) _____

Tuition cost for one semester _____

When do you anticipate completion of your course of academic study? (month/year) _____

Are you currently employed? _____ If yes, who is your employer? _____

How long have you worked for this employer? _____ Current job title _____

Are you receiving any other financial assistance? Yes _____ No _____

Bursor's Office _____
Address _____ Contact Name _____

Essay

Please attach a typewritten essay, with a minimum of 500 words, addressing the following issues:

1. A brief personal academic history, including GPA, any honors or awards, etc.
2. A brief description of your academic goals.
3. A description of your professional aspirations.
4. An explanation of why you feel you need financial assistance.

References

Please have two individuals complete the reference form and send them directly to Aurora Lakeland Medical Center Associates, Attention Scholarship Committee, W3985 County Road NN, Elkhorn, WI 53121, no later than November 30, 2024. References **must** include: 1) one current or recent professor who can speak of your academic achievements; 2) one professor/employer to speak of your professional achievements; or include two academic references.

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship 2024
Reference Form

Applicant completes this section:

Applicant's Name (print or type): _____

Address: _____

Reference completes this section: The above-named person has applied for a healthcare scholarship offered by Aurora Lakeland Medical Center Associates. This scholarship is offered to individuals who are pursuing academic study leading to a career in the health care field. The applicant requests that you provide a reference on his/her behalf. Please complete the following reference form and return it to Aurora Lakeland Medical Center Associates.

Name: _____

Title: _____

Address: _____

1. In what capacity have you known the applicant, and for how long?

2. Please describe accomplishments and/or activities of the applicant that indicate potential academic and professional success in the health care field (use reverse side if more space is required).

Return completed reference form no later than November 30, 2024, to:

**Aurora Lakeland Medical Center Associates
Attention: Scholarship Committee
W3985 County Rd NN
Elkhorn, WI 53121**

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship 2024
Reference Form

Applicant completes this section:

Applicant's Name (print or type): _____

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Return completed reference form no later than November 30, 2024, to

**Aurora Lakeland Medical Center Associates
Attention: Scholarship Committee
W3985 County Rd NN
Elkhorn, WI 53121**

AURORA LAKELAND MEDICAL CENTER ASSOCIATES
Healthcare Scholarship
2024

Non-Discrimination

Awards given through this scholarship shall be made without regard to age, gender, race, or national origin.

I certify that the attached information is correct and complete, and I understand that I am solely responsible for the content and accuracy of my application. I further understand that any application received after November 30, 2024, any omission of information, or inaccuracies will be cause for dismissal of this application. I hereby release from any and all liability all representatives of Aurora Lakeland Medical Center, Aurora Lakeland Medical Center Associates, Inc., and the Scholarship Selection Committee from their acts in good faith in connection with evaluating my application, credentials, and qualifications.

Signature

Date

Please return completed application form, the essay and transcripts no later than November 30, 2024. Mail to:

Aurora Lakeland Medical Center Associates
Attention: Scholarship Committee
W3985 County Road NN
Elkhorn, WI 53121

