



monroeclinic.org

Monroe Clinic Volunteers In Partnership Scholarship Application For Branch Sites

**Monroe Clinic
and Hospital**
515 22nd Avenue
Monroe, WI 53566
608-324-2000

Albany
700 Carolan Dr.
Albany, WI 53502
608-862-1616

Blanchardville
309 S. Main St.
Blanchardville, WI 53516
608-523-4261

Brodhead
1904 First Center Ave.
Brodhead, WI 53520
608-897-2191

Durand
400 S. Center St.
Durand, IL 61024
815-248-3443

Freeport
1301 S. Kiwanis Dr.
Freeport, IL 61032
815-235-1406

Freeport Eye Care
1110 S. Park Blvd.
Freeport, IL 61032
815-232-1105

Highland Women's Care
3103 W. Kunkle Blvd.
Freeport, IL 61032
815-233-0999

Lena
214 Schuyler
Lena, IL 61048
815-369-4541

Monroe Clinic - FastCare
405 W. 8th St.
Monroe, WI 53566
608-324-1940

New Glarus
1800 Second St.
New Glarus, WI 53574
608-527-5296

Two \$500 scholarships will be awarded to high school seniors from communities with Monroe Clinic sites (Albany, Blanchardville, Brodhead, Durand, Freeport, Lena and New Glarus)

- or who live within an area serviced by a branch site
- or who have a parent that who is employed by Monroe Clinic.

Requirements are as follows:

- Pursuing a degree or certificate in a healthcare field.
- Having a GPA of 3.25 or higher with an emphasis on Science and Math.
- All applications must be typed.

Applicants will be selected on the following (not in any particular order):

- Citizenship
- Need
- School and Outside Activities

Applications are reviewed by a committee and will remain confidential. Scholarship applications may be available at participating high school or www.monroeclinic.org. Public announcement of the award will be made at Awards Night. The \$500 scholarship will be paid directly to the attending school of the recipient.

All applications must be returned by February 28th, 2018.

To: The participating high school counselors or Monroe Clinic Volunteer Services
Department - 515 22nd Avenue, Monroe, WI 53566

Date:

Name:

Home Address:

City:

State:

Zip:

Phone Number:

School planning to attend:

Complete address of school:

Date of Acceptance:

Health Related Field of Study:

Anticipated Degree:

Please explain why you have chosen a career in health care. (Use additional sheets as needed)
What specific job would you like to have in your field?

What volunteer and/or paid work have you done in the past or are you currently doing that relates to your field? Be specific, including how often and for how long if possible.

List your student and/or community activities, including offices held, years involved and/or hours contributed if different from above.

Have you been employed during your high school career? If so, where?

How do you expect your education will be funded? Be as specific as possible. If you or your family has extenuating circumstances you would like taken into consideration, please elaborate.

Please attach a transcript of grades.

If you have any questions:
Call Volunteer Services at 608-324-1569