

# ThedaCare Medical Center - Wild Rose Volunteers Scholarship

## APPLICATION FOR HIGH SCHOOL SENIORS

### Requirements

- Transcript of grades from High School
- Letter from Guidance Counselor
- Letter from your Pastor, Priest or a respected member of the community (other than a teacher)
- Letter from one other interested person – neighbor, teacher, someone you work with. Not a relative
- Your own personal letter – your goals, endeavors etc.
- The 2<sup>nd</sup> half of the Scholarship will be sent to you after the Scholarship chairperson receives a copy of your grades from the 1<sup>st</sup> semester and a copy of your 2<sup>nd</sup> semester classes by January 31<sup>st</sup>.
- **ALL SCHOLARSHIP RECIPIENTS ARE EXPECTED TO ATTEND THE SCHOLARSHIP LUNCHEON IN JUNE**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT or GUARDIAN \_\_\_\_\_

PARENTS' OCCUPATIONS \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_ NUMBER OF CHILDREN IN HOME \_\_\_\_\_

TOTAL FAMILY INCOME \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ HS GRADUATION DATE \_\_\_\_\_

COLLEGE ATTENDING OR ENROLLED IN \_\_\_\_\_

ESTIMATED DATE OF COLLEGE GRADUATION \_\_\_\_\_

CHOSEN CAREER \_\_\_\_\_

Please sign below and return this application with all required correspondence to: Helen Buckholt by April 1<sup>st</sup>. Late applications will not be accepted.

I certify that all information on this form is true to the best of my knowledge. I understand that all decisions made are final and not subject to review or appeal. I further understand that any information provided in this form may be shared with committee members of the sponsoring scholarship.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature (if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Questions and Application materials should be directed / sent to:  
Helen Buckholt 10220 Akron Ave. Almond WI 54909  
Telephone: 920.622.4461 Email: rbuckholt@centurytel.net

# TheDaCare Medical Center-Wild Rose Volunteers Scholarship

## APPLICATION FOR POST GRADUATES

### Requirements

- Transcript of grades from College
- Letter from College Advisor
- Letter from your Pastor, Priest or a respected member of the community (other than a teacher)
- Letter from one other interested person – neighbor, teacher, someone you work with. Not a relative
- Your own personal letter – your goals, endeavors etc.
- The 2<sup>nd</sup> half of the Scholarship will be sent to you after the Scholarship chairperson receives a copy of your grades from the 1<sup>st</sup> semester and a copy of your 2<sup>nd</sup> semester classes by January 31<sup>st</sup>.
- **ALL SCHOLARSHIP RECIPIENTS ARE EXPECTED TO ATTEND THE SCHOLARSHIP LUNCHEON IN JUNE**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT or GUARDIAN \_\_\_\_\_

PARENTS' OCCUPATIONS \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_ NUMBER OF CHILDREN IN HOME \_\_\_\_\_

TOTAL FAMILY INCOME \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ HS GRADUATION DATE \_\_\_\_\_

COLLEGE ATTENDING OR ENROLLED IN \_\_\_\_\_

ESTIMATED DATE OF COLLEGE GRADUATION \_\_\_\_\_

CHOSEN CAREER \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature (if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Questions and Application materials should be directed / sent to:

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