Hudson Physicians Scholarship

*2021*

The Hudson Physicians Scholarship was established in 2019 by the Shareholders of Hudson Physicians. The scholarship will award $1,000 annually to a graduate of a Pierce or St. Croix County high school in Wisconsin. Students who are entering the healthcare field, have a GPA of 3.0 or higher and demonstrate financial need will be considered.

**\*\*\* The application must be postmarked by March 31, 2021. Applicants will be notified in May 2021.**

**APPLICANTS MUST SUBMIT:**

* **Application**
* **Transcripts (*grades*)**
* **(2) letters of recommendation on letterhead**

(*for example, one from an employer and one from an educator; cannot be a family member*).

Scholarship Services telephone: 715-386-9490

The St. Croix Valley Foundation fax: 715-386-1250

516 Second Street, Suite 214 email: [hherron@scvfoundation.org](mailto:hherron@scvfoundation.org)

Hudson, WI 54016 online app: <https://www.scvfoundation.org/scholarships>

Please type or write legibly; incomplete or late applications will *not* be accepted.

1. **Applicant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pierce or St. Croix County high school: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**NOTE: You MUST attach transcripts (grades) from your high school. This scholarship requires a 3.0 GPA.*

1. **Please indicate the public college school you will be attending in the *fall of 2021:***

College name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned major or course of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated graduation date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be enrolled as a college student in the fall 2021? \_\_\_\_ yes \_\_\_\_ no (OVER)

1. **Tell us about yourself. Attach answers to this application.**
2. **Career aspirations:** *In 500 words or less*, please explain your personal aspirations and career/educational goals as related to the healthcare field. (30 points)
3. **Need**: *Briefly explain* why a scholarship award is critical for financial reasons for you and/or your family. (30 points)
4. **Athletic/Leadership activities**: *List and date* athletic and leadership activities. (15 points)
5. **Work Experience:** *Briefly describe* your work experience during the past four years. Indicate company, dates of employment and positions held. (15 points)
6. **Submit (2) letters of recommendation.** (10 points)

***NOTES*:**

Scholarship recipients are selected based on career aspirations, financial need, athletic/leadership activities, work experience, and letters of recommendation. Awards are granted without regard to race, religion, gender, sexual orientation, disability or national origin. Scholarship funds are made payable directly to the recipient’s educational institution in accordance with IRS regulations. Recipients must have a 3.0 or higher and submit transcripts to be considered for a scholarship. Questions? Please contact Heidi Herron at the St. Croix Valley Foundation ([hherron@scvfoundation.org](mailto:hherron@scvfoundation.org)) or by calling 715-386-9490. Thank you!

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Applicant Signature (END)