



164 North Broadway
Green Bay, WI 54303
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BAYCARE CLINIC FOUNDATION HEALTHCARE SCHOLARSHIP APPLICATION

BayCare Clinic Foundation is the philanthropic arm of **BayCare Clinic, LLP**. BayCare Clinic is the largest physician-owned specialty-care clinic in Northeast Wisconsin and the Upper Peninsula of Michigan. It is comprised of over 100 specialty physicians with expertise in more than 20 specialties. BayCare Clinic physicians have served patients in Green Bay and the surrounding region for over 25 years. The mission of BayCare Clinic Foundation is to promote the health and well-being of Northeast Wisconsin residents. The BayCare Clinic Foundation HealthCare Scholarship program is designed to assist area scholars pursuing advanced education in the healthcare sector. Through this effort, it is the hope of the physician specialists of BayCare Clinic that more qualified healthcare employees will be available to provide needed services to the community.

Students attending the following regional high schools are eligible to participate in this program: Ashwaubenon, Bay Port, De Pere, Pulaski, West De Pere, Green Bay East, Green Bay West, Preble, Southwest, Luxemburg-Casco, Denmark, NEW Lutheran, Wrightstown and Notre Dame. In addition, students currently enrolled or accepted for the next term at Bellin College, Northeast Wisconsin Technical College, Rasmussen College and University of Wisconsin Green Bay are eligible to apply. **(Children of any partner, member, director, manager, officer or employee of BayCare Clinic, LLP, BayCare Health Systems, LLC, and BayCare Clinic Foundation are not eligible to apply.)**

Scholarship Guidelines

1. This program is designed to provide financial assistance of \$1,000 to graduating seniors for their first year of advanced education in the healthcare field. For Bellin College of Nursing, NWTC, Rasmussen or UWGB students, candidates **should have completed one year of healthcare-related studies**.
2. High school seniors must have been accepted into a fully accredited college, university or technical college and must be enrolled with a minimum of 12 credits per semester.
3. The BayCare Clinic Foundation Healthcare Scholarship is awarded on the following criteria: (1) Commitment to pursuing a career in the healthcare field; (2) Acceptance and attendance into an accredited program of higher learning leading to a degree in a healthcare field; (3) Academic excellence as evidenced by class rank, preparatory academic program for a healthcare career, recommendation of current faculty and/or instructors; (4) Desirable personal character; (5) Extra-curricular activities, especially community involvement and leadership; (6) Applicant's statement of educational goals and desires; and (7) Applicant's ability to neatly, legibly and fully complete the application process.
4. All information is confidential.
5. Scholarship recipients will be acknowledged and receive an award letter at graduation or award ceremony.
6. Students awarded scholarships should plan to use them starting with the following fall semester. **However, before scholarship funds are disbursed to the school, you must show proof of enrollment for that semester. For the second semester, you must submit your transcript for the first semester.** One half of the scholarship will be mailed to the college or university in the fall and the second half will be sent in the spring. Scholarships may be held in abeyance for up to one year for good cause and with approval of the BayCare Clinic Foundation Board of Directors.



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YOUR HIGH SCHOOL EDUCATION

List any Advanced Placement or College Courses in High School

Course Title	Number of Credits	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

To Be Completed by Principal or Counselor

A copy of the student's transcript is to be attached to this application.

Students ranks _____ in a class of _____ based on (6) (7) semesters (cross one out)

Students grade point average is _____ on a 4.0 point scale.

Test Scores: ACT Composite _____ SAT Verbal _____ Math _____

Comments:

Date _____ Signature of Principal or Counselor (cross one out) _____ Phone No. _____ High School _____

YOUR FUTURE EDUCATIONAL PLANS

Provide the following information about your post-secondary education plans and the school that you will be enrolled in the Fall.

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Major Field of Study: _____

PERSONAL STATEMENT ESSAY

Provide a carefully constructed statement of **no more than 4 pages** about why you are interested in pursuing a career in the healthcare field and your aspiration and goals within the healthcare field (nursing, administration, lab or x-ray technician, etc). Include any information about yourself that you would like the selection committee to consider in evaluating your application.



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Recommendations:

Submit a **one page letter** of recommendation from the following sources:

- **Two high school or college instructors** describing their relationship with the candidate, and their assessment of this candidate's commitment to higher education.
- **One non-family member** describing the relationship with the candidate, how long they have known this candidate and any significant contributions they are aware about the candidate.

Final Review

1. Submit the application to your Scholarship Coordinator at your High School.
2. The completed application should also contain:
 - A copy of your transcript
 - Your Personal Statement Essay
 - Your three letters of recommendation
3. **Scholarship Coordinators should submit a maximum of three applications per school no later than April 5, 2010 to:**

BayCare Clinic Foundation Scholarships
Ann Seidl
Director of Marketing & Public Relations
164 North Broadway
Green Bay, WI 54303
(920) 405-5382

4. **Scholarship Coordinators**, please indicate if your scholarship announcements are made at an awards ceremony or at graduation. When do you need to know selection committee results to be included in the program?

Awards Ceremony or Graduation

Date Needed for Publication

FINAL STATEMENT OF CANDIDATE

I certify that all information given on this application is true and complete to the best of knowledge. I also request my high school to submit a copy of my transcripts and other academic information to the BayCare Clinic Foundation. I understand my application will not be sent to any other organization and is only reviewed by the BayCare Clinic Foundation Scholarship Selection Committee.

Signature of Student

Signature of Parent

Date