



1035 Kepler Drive  
Green Bay, WI 54311  
(920) 490-9046  
Fax: (920) 405-8004

## **Christopher Sorrells & Aurora BayCare Medical Center Emergency Medical Services Scholarship**

The **BayCare Clinic Foundation** ("BayCare") Healthcare Scholarship program is designed to assist area students pursuing advanced education in the healthcare sector. By doing so, it is BayCare's hope that more qualified healthcare workers will be available to provide needed services to the community.

### **Guidelines:**

This program is designed to provide \$1,000 to Paramedic students, and is awarded on the following criteria:

- Enrollment in the Paramedic program at Northeast Wisconsin Technical College or Lakeshore Technical College
- Financial need
- Applicant's ability to neatly, legibly and fully complete the application process

Recipients of the scholarship will be formally acknowledged with an award letter in early November.





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Emergency Medical Services Scholarship**

***Financial need:***

Are you currently employed? \_\_\_\_\_

Hours per week: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_

Number of people residing in the household you currently live: \_\_\_\_\_

Estimated income for the household you currently live: \_\_\_\_\_

Do you contribute financially to this household, and if so, how much? \_\_\_\_\_

Is your employer or any other entity/agency paying for a portion of your tuition? If so, how much? \_\_\_\_\_



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Emergency Medical Services Scholarship**

**PERSONAL STATEMENT ESSAY**

In no more than 3 pages, please describe why you chose your area of study, what your career goals are, and how a scholarship will help you achieve your goals. Include any information about yourself that you would like the selection committee to consider when evaluating why you are a good candidate.

**Recommendations:**

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

- One high school or college instructor 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 of about the candidate.

**Final Review**

1. **For full consideration, use the checklist below to ensure all documents are included with your application:**
  - Your personal statement essay
  - Your two letters of recommendation
2. Please email your completed application no later than 11:59PM on October 23, 2022 to Julie Buth at [scholarships@baycare.net](mailto:scholarships@baycare.net). If you are submitting your application through the mail, use the address below.

BayCare Clinic Foundation Scholarships  
Attn: Julie Buth  
1035 Kepler Drive  
Green Bay, WI 54311  
(920) 490-9046 x1321

**FINAL STATEMENT AND CONSENT OF CANDIDATE**

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand my application will not be sent to any other organization and is only reviewed by the Selection Committee. If I am awarded a scholarship, BayCare may use my name and information received as part of the application, in communications, marketing materials, media releases and/or social media posts.

Signature of Student

Date

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