



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 \$500 to EMT or Advanced EMT students as tuition reimbursement. The funds may only be used toward tuition reimbursement for the EMT or Advanced EMT programs, and are awarded on the following criteria:

- Enrollment in either EMT or Advanced EMT 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 tuition reimbursement will be formally acknowledged with an award letter in early April.

**Applications are due by midnight, February 28, 2022.**



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Emergency Medical Services Scholarship**

**Personal Data**

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City/State/Zip County

Telephone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_ Student ID # \_\_\_\_\_

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

**Activities and Participation:**

*Extra-curricular activities, community involvement and leadership are part of the selection criteria. Please be as specific as possible.*

1. List your contribution and/or involvement in healthcare related community service or activities. Be specific.

2. List all honors and awards, either within an academic setting or as a volunteer in community service.



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3. Briefly provide information regarding your financial situation including current employment, scholarships you have received including any other tuition reimbursements, and special circumstances or hardships relevant to your financial need.

***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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**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 tuition reimbursement 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 February 28, 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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