Marshfield Medical Center-Neillsville, MMC-Partners

Scholarship Program

APPLICATION

The Marshfield Medical Center-Neillsville, MMC-Partners annually award academic scholarships to students living in areas serviced by the Marshfield Medical Center-Neillsville. Scholarships are awarded to graduating high school seniors entering the field of medicine. Amount of the scholarship is based on the type of school of higher learning attended.

Applicant
Name: _____
(Last) (First)

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone: (H)_____-_____-_____ (C)_____-_____-_____

Email Address: _____

Parent(s) Name(s): _____

_____

Phone: (H)_____-_____-_____ (C)_____-_____-_____

(W)_____-_____-_____

Name of
High School: _____

Address: _____

_____

Student accepted by:

_____
Name of college or technical school

Current Year/Status in School:

_____

Career path you expect to follow (*be specific*):

_____

_____

References

List three references with complete addresses. One reference must be from a high school teacher. (Choose your references carefully.)

Name: _____
(Last) (First)

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone: (H)____-____-_____ (W)____-_____-_____

Occupation: _____

Name: _____
(Last) (First)

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone: (H)____-_____-_____ (W)____-_____-_____

Occupation: _____

Name: _____
(Last) (First)

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone: (H)____-____-_____ (W)____-_____-_____

Occupation: _____

DEADLINE

To be considered for this scholarship, the application must be completely filled out and postmarked no later than **MARCH 30th** of the current year.