

Marshfield Medical Center-Neillsville, MMC- Partners
Scholarship Program

Application Requirements

1. **Completed application form.**
2. **Three letters of recommendation.** The letters must not be from family members. One letter must be from a high school teacher or, if attending an institution of higher learning, from an instructor. Be sure the letters you include are from those you have listed as references on the application form.
3. **A personal essay on a separate sheet of paper.** The essay should include your involvement in the following: community activities, volunteer work and school activities. It should also include the reason(s) you have chosen a health care career.
4. **Application must be postmarked no later than March 30th of the current year.**
5. **Mail application materials to:**
Mary Hartung, Marshfield Medical Center-Neillsville, MMC-Partners
Scholarship Chairperson
200 West 1st Street
Neillsville, WI 54456
6. **Applicant must be enrolled in a health-related field.** The education required to attain your degree must be in a two or four year program.
7. **Applicant must attend an accredited college or technical college in the states of Wisconsin or Minnesota.**
8. **Financial need is considered,** but not mandatory.

Sample of Reference Letter Request

Your name
Your street address
Your City, State, Zip

Date

Mr./Mrs./Ms.
Address
City, State, Zip

Dear _____,

I have applied for a health care related scholarship which is awarded by Marshfield Medical Center-Neillsville, MMC-Partners. The application packet requires that we submit three letters of reference along with our application. I am writing to ask if I may use your name as a reference.

If so, I would appreciate your comments regarding me in relationship to the following characteristics: motivation, leadership, concern for others, responsibility, emotional stability and cooperation. Please use specific examples when appropriate.

Please write the comments on a separate sheet of paper and attach it to this letter. The scholarship committee has assured me that your reply will be kept confidential.

It is important to note that if my references are not received by *(add the month, day, year)*, my application will not be considered for this scholarship.

I thank you for your consideration of this request. If you have any questions or comments, please contact me at *(your phone number)*.

Thank you again.

Sincerely,

(Your name)

Marshfield Medical Center-Neillsville, MMC-Partners
Scholarship Program

Statement of Understanding

NOTE: Please sign and date this Statement of Understanding and return it with the Scholarship Program Application.

I understand that if I am awarded this scholarship and I do not complete my course of study for the year it was awarded, I will:

1. Be obligated to notify the chairperson of the Marshfield Medical Center-Neillsville, MMC-Partners Scholarship Committee.
2. Be obligated to pay back the scholarship money within one year.

Signed: _____ Date: _____