



# MARSHFIELD CLINIC®

## **Baccalaureate Nursing Scholarship Program**

Marshfield Clinic is funding a scholarship program that will benefit multiple junior and senior BSN nursing students with awards totaling \$3,000. The funds will be paid in the student's name directly to the university in the fall of 2010. Please note that preference may be given to Marshfield Clinic employees, former Marshfield Clinic employees, those whose permanent address is within the Marshfield Clinic service area, and/or family members of Marshfield Clinic employees.

### **Eligibility Requirements**

1. **Must be accepted as a full-time student at a Wisconsin BSN Nursing Program and have at least junior standing as of Fall 2010.**
2. Must demonstrate scholarship by having and maintaining a "B" average (3.0 on 4.0 grade point average system) or better during all post high school courses. A junior student receiving this scholarship must maintain a "B" average to reapply.
3. Must live in the Marshfield service area or have a first degree relative work at the Marshfield Clinic.

### **Application Process**

1. Complete the Marshfield Clinic scholarship application & employment history and return to:

Deanna Burt  
Division of Education – 1R6  
Marshfield Clinic  
1000 North Oak Avenue  
Marshfield, WI 54449

**Applications must be received in our office no later than March 22, 2010.**

2. Submit a copy of your full academic official university transcript including Fall 2009 term.
3. Submit a letter indicating your career goals, past accomplishments and community involvement.
4. Submit two letters of recommendation: one recommendation from an academic professor and one from a community leader.
5. Decisions will be made by the Marshfield Clinic Nursing Scholarship committee and announced after April 23, 2010.



# MARSHFIELD CLINIC®

## 2010 – 2011 Baccalaureate Nursing Scholarship Application

*Please type or print your answers, if possible.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

### Education

**High School:** \_\_\_\_\_

**Describe major accomplishments:** \_\_\_\_\_

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**Post High School/College:** \_\_\_\_\_

**Overall College GPA:** \_\_\_\_\_

**Academic standing as of Fall 2010:**       Junior       Senior

**Work Experience**  
 (Present or most recent first)

Employer	Dates		Position
	From	To	
Employer Address			
<b>Duties</b>			

Employer	Dates		Position
	From	To	
Employer Address			
<b>Duties</b>			

Employer	Dates		Position
	From	To	
Employer Address			
<b>Duties</b>			

**Describe the potential impact this scholarship would have on you (attach additional page if needed):**

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**Please describe your current and past involvement in the community:** \_\_\_\_\_

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**Please check each of the following if they describe you:**

- Current Marshfield Clinic Employee
- Former Marshfield Clinic Employee
- Related to current Marshfield Clinic Employee (if related, please list name(s) of relatives, relationship, department and center where they are employed, and length of time employed):

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- Permanent address is within the Marshfield Clinic Service Area
- Member of the Student Nurses Association (please note if an officer or member)

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- Member of other nursing organization (please list name of organization)

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- Other Recognized Awards/ Scholarships (please list)

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My signature signifies that the information provided in this scholarship application is accurate and truthful. Any willful omission or falsification will preclude me from receiving scholarship consideration or funds. I release academic information to the Scholarship Committee.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date