

January 26, 2012

Dear Student,

Ripon Medical Center sponsors two \$1,000.00 nursing scholarships to nursing students. This scholarship is given in memory of Beth Palazzo, an RN who worked at Ripon Medical Center.

Scholarship applications are to be received by April 3rd. The scholarship will be awarded during our Nurses Week Celebration in May. The same student may apply and be granted a scholarship for two (2) consecutive years.

Criteria for receiving scholarship monies are as follows:

- You must be enrolled in a full-time nursing program: ADN or BSN. If you are in a BSN program, you must have been accepted into the nursing clinical major.
- You must have earned a cumulative grade point of 3.0 or better.
- You must be a resident of Fond du Lac, Green Lake or Winnebago County.

To apply for scholarship monies you must meet the above criteria and submit the following:

- Completed scholarship application.
- Copy of your college school transcripts.
- Up-to-date resume, to include a statement of current and future professional goals as well as volunteer activities.

Please return to:

Lin Jeske
Administrative Specialist
Ripon Medical Center
933 Newbury St.
Ripon, WI 54971
920-748-0416
JeskeL@agnesian.com

Thank you for your interest in our scholarship program. We wish you success as you pursue your nursing career.

Sincerely,

Katherine Vergos
Chief Operating Officer
920-748-9159

Date Received _____

Ripon Medical Center
SCHOLARSHIP APPLICATION

Date:

Name: _____	Home phone: _____
Address: _____	School phone: _____
City, State: _____	Social Security Number: ____/____/____
Zip: _____	E-mail: _____

PERSONAL DATA

Dependent Student

Father's Name	Occupation
Mother's Name	Occupation
Guardian	Occupation
Number of siblings in your family (excluding yourself)	
Are any other siblings in college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	

Independent Student

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Spouse's Name Occupation
Number of Children Ages
In College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
Are you or your immediate family providing child support for those in college? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? Cost of Support:

EDUCATIONAL DATA

How many credits have you completed?	What is your proposed graduation date?
How many credits will you take next semester of school?	
List any previous schooling, diplomas, degrees, certificates, and/or college credits:	
Name of School	
List Scholarships, honors and/or awards	
High School	College/Other

EMPLOYMENT DATA
List all present employment and number of weekly hours worked:
Volunteer activities:

FINANCIAL DATA	
To enable the Scholarship Committee to select scholarship recipients, it is necessary to evaluate financial need as well as scholarship achievements, goals, etc. For this reason you are asked to provided the following information which will remain confidential by the Committee.	
What is your tuition cost per school semester?	What is the estimated cost for books for your next semester?
Besides what is listed above, what are your remaining expenses for the school year?	
Housing:	Insurance:
Childcare:	Transportation:
Other:	
Do you have other scholarships at present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list amounts:	What length of time will you have them?
Do you have additional sources of financial aid (i.e. student loans, grants, tuition reimbursement, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate source and amount:	