

# Marinette Menominee Area Chamber Foundation "HEALTHCARE" SCHOLARSHIP

Student must be enrolled with a full-time status for the 2023-2024 school year. Number of scholarships (\$1000 minimum) will be awarded based on availability of funds.

## **Eligibility Requirements**

- Any student who will graduate this year from any high school, and community members within Marinette or Menominee Counties.
- Student must be going into a sector of healthcare. Example Psychology, nursing, imaging, surgery, etc.
- Student must be planning to attend a Wisconsin or Michigan public or private college/technical college.
- A copy of the student's current or past high school transcript and/or college transcript is required with this submission.

#### **Directions**

- 1. Please fill out this form and complete the required scholarship essay.
- 2. Please type, 12pt font and double space the essay; 200 400 words.
- 3. Please sign only the first page of this application.

Do not make any identifying marks (such as your name) on pages 2 and 3, or in your essay. All submissions are due to the Chamber of Commerce by 4 P.M. on Friday, March 31<sup>st</sup>, 2023.

#### **Administrative Information**

Last Name	First Name		Middle Initial	
Street Address	Ci	ity	State	Zip Code
Phone Number		E-mail Address		
arent's or Guardian's	name(s) Required if applican	t is a 2023 high schoo	l graduate.	
Print		Signature		
Print		Signature		
certify that the informa	tion on this application is co	orrect.		
		/		
Applicant's Signature			Date	

<b>Applicant's</b>	ID

(for Chamber use only)

## **School Activities/Recognitions/Awards**

Please list all activities, recognitions and awards from 9<sup>th</sup> grade on. Include clubs, teams, musical groups, etc., and note your major accomplishments in each area.

Activity	Year in	Year in High School (Circle All that apply)			Accomplishments
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	

### **Community Involvement**

Please list community activities in which you have participated and note major accomplishments in each area. These may be any activities outside of school in which you participated for the betterment of your community. For example: Church groups, clubs, boy or girl scouts, volunteer groups or community efforts.

Activity	Year in High School (Circle All that apply)			rcle All that apply)	Accomplishments
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	

**Please note:** If you run out of room, print a copy and attach with submission.

Аp	plicant's	ID

(for Chamber use only)

#### **Work Experience**

List any work experience (paid or volunteer) that supports your bid to be considered for the Chamber's Healthcare scholarship.

Activity	Year in High School (Circle All that apply)			rcle All that apply)	Accomplishments
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	
	9	10	11	12	

## **Chamber Foundation "Healthcare" Scholarship Essay**

### "Why I Choose Healthcare"

Medical personnel are very much needed in our area, and around the world. Why have you chosen to work in the medical field and what impact do you feel like you can make to the future of healthcare.

Please attach your essay for submission.

#### All submissions can be delivered or dropped off at:

#### **Marinette Menominee Area Chamber of Commerce**

601 Marinette Ave.

Marinette, WI 54143

Or sent electronically to **Amanda Zahnow** at: <u>Amanda.zahnow@mandmchamber.com</u>

**NOTE:** If you graduated prior to 2021, please fill in all information to the best of your ability and indicate current community involvement and work experience.