



**Tomahawk Hospital Foundation**

401 West Mohawk Drive Tomahawk, WI 715-453-7770

\$1,000 SCHOLARSHIP APPLICATION – 2022  
Sponsored by: Tomahawk Hospital Foundation

DATE: \_\_\_\_\_

PERSONAL INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

\_\_\_\_\_

SCHOLARSHIP SELECTION CRITERIA

1. Applicant must be from the Tomahawk area.
2. Applicant requires financial assistance.
3. Applicant must be registered and accepted by an accredited institution for higher education.
4. Applicants must have completed one year of post high school education and has a 2.5 or higher GPA.
5. Scholarship is to be used to further applicant's education in a healthcare related field.
6. Applicant is encouraged to return to work in the healthcare field in the Tomahawk area.
7. Previous recipients of this scholarship may re-apply annually.

Any exceptions to these criteria may be reviewed and considered by the Tomahawk Hospital Foundation Scholarship Committee.



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GOALS IN EDUCATION/CAREER

What is your career choice? \_\_\_\_\_

What educational institution are you attending? \_\_\_\_\_

What educational institution do you plan to attend? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

What is your planned course of study? \_\_\_\_\_

What degree will you work toward? \_\_\_\_\_

When will your course of study term begin (month/year)? \_\_\_\_\_

Will you attend full or part time? \_\_\_\_\_

When do you hope to complete your studies? \_\_\_\_\_

Why do you wish to pursue a career in healthcare? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your career goals and where do you envision yourself in the next ten years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL AID

Have you applied for financial aid from other sources? \_\_\_\_\_

If yes, list the sources:

\_\_\_\_\_  
\_\_\_\_\_

Describe any special circumstances concerning your need for financial aid:

\_\_\_\_\_  
\_\_\_\_\_



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EDUCATIONAL BACKGROUND (Attach additional pages if needed)

1. High School – name and location \_\_\_\_\_  
Years attended \_\_\_\_\_ Date graduated \_\_\_\_\_  
Rank in Class \_\_\_\_\_ Number in Class \_\_\_\_\_  
Grade point average based on 4.0 system \_\_\_\_\_
2. Educational institution (if more than one, attach information)  
Name and location \_\_\_\_\_  
\_\_\_\_\_  
Years attended \_\_\_\_\_ Date graduated \_\_\_\_\_  
Degree \_\_\_\_\_ Major \_\_\_\_\_  
Overall grade point based on 4.0 system \_\_\_\_\_  
Rank in Class \_\_\_\_\_ Number in Class \_\_\_\_\_
3. Additional Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Activities and honors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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EMPLOYMENT RECORD (list present and former employers)

Dates

Name and Address

Position

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ADDITIONAL INFORMATION REQUESTED

1. Please request official transcripts be sent to the Scholarship Committee from the high school and educational institutions you have attended.
2. Please include three letters of recommendation with this application or have them mailed directly to the Scholarship Committee. If possible, one should be from an employer, one from an educator, and one general character reference.
3. Is there any other information that would be helpful to the Committee:

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4. Mail this application and other information to:

Scholarship Committee  
Tomahawk Hospital Foundation  
401 W. Mohawk Dr., Suite 100  
Tomahawk, WI 54487

Or email to:  
leslie.hilgendorf@aspirus.org

**APPLICATION MUST BE SUBMITTED BY July 25, 2022**