



TOMAHAWK HOSPITAL FOUNDATION

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

\$1,000 SCHOLARSHIP APPLICATION – 2025

Sponsored by: Aspirus 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 Aspirus 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?



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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:

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

ADDITIONAL INFORMATION REQUESTED

1. Please request official transcripts be sent to the Scholarship Committee from the last educational institution you have attended or are attending now.
2. Please include two 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, or general character reference.
3. Is there any other information that would be helpful to the Committee:

Mail this application and other information to:

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

APPLICATION MUST BE SUBMITTED BY June 16th, 2025