



Partners of The Richland Hospital & Clinics, Inc.

Health Career Scholarship Program 2025

The Scholarship Committee from PARTNERS of the Richland Hospital, Inc. will award *Health Career scholarships* to persons desiring to pursue and/or further their education in a health care field.

Partners of the Richland Hospital, Inc. Scholarships Eligibility Requirements

Resident in The Richland Hospital & Clinics service area or Current Hospital Employee/Volunteer/Employee Family Member

Enrolled in an accredited formal program of study in a Health Care field

No applicant will be discriminated against based on age, sex, race, color, creed or religion, disability or marital status.

Please fill out the form with black ink!

Name: First _____ Middle _____ Last _____

Preferred Contact Information:

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

☐ Richland Hospital Employee

☐ Child of a Richland Hospital Employee

Health care field in which I'm enrolled _____

Current year in my program _____

College or University Presently Enrolled in or accepted to _____
(*Enclose copy of the letter of acceptance (new students) or transcript of grades (returning students)*)

Expected Date of Graduation _____ Degree _____

Anticipated Tuition Cost(s) for 2025-2026

Fall Semester – No. of Credits _____	Cost Per Credit \$ _____	Total Tuition \$ _____
Spring Semester – No. of Credits _____	Cost Per Credit \$ _____	Total Tuition \$ _____

List all OTHER Scholarship/Loan Programs you are applying for, or are receiving monies from:

PARTNERS OF THE RICHLAND HOSPITAL, INC. – The Partners of the Richland Hospital, Inc. came into being in 1965 through the efforts of Edna Puttkammer and other charter members. The Coffee & Gift Shop (now called the Lobby Shoppe) opened in 1966 to help raise funds for the Partners of the Richland Hospital, Inc. Eventually, a plan for scholarships was made. Scholarships are granted to applicants enrolled in a formal program of study necessary to enter a Health Care Career.

Scholarship Committee Functions

The committee shall review and select qualified applicants, after receiving the written application, letter of acceptance or transcript of grades and essay. Incomplete applications/materials received after the June 15th deadline will not be considered. The specific amount for each scholarship shall be set annually by the committee and/or scholarship donors. All applicants will receive written notification regarding the Scholarship Committee's final decision by July 1st. The Scholarship Committee requests that you save the date of **July 16, 2025**, as all recipients will be invited to attend a scholarship reception where checks will be distributed. There will be an opportunity to meet with fellow recipients, program sponsors, and members of the scholarship committee.

Applicants must submit the following before JUNE 15th, 2025

- 1) **A Complete application form.**
- 2) **Letter of acceptance** (new students) **and/or transcript of grades** (returning students). Transcript must include:
 - a. Name of student
 - b. Name of school
 - c. Grade point average
- 3) **Written essay**
 - a. On a separate document please share how this scholarship will help you reach your healthcare career goals and your current or potential impact on the greater Richland Community.
- 4) **Photograph**

Submit the above information to:

Partners of the Richland Hospital Scholarship Committee Attn: Sarah Stibbe
333 East Second Street, Richland Center, WI 53581, or email Sarah at
Partners@richlandhospital.com

Photograph:

Please include a recent photograph (preferably a digital file) of yourself with your application. Photographs are not used as part of the review process and will only be used for those applicants who are awarded a scholarship. By signing below, you acknowledge that the photo may be used by Partners of The Richland Hospital & Clinics and TRHC in internal or external communications relating to the program. For example, your photograph may be used as part of an award announcement in local newspapers, social media platforms, or other publications. By signing below, you also acknowledge that the photograph may be used by Partners of The Richland Hospital & Clinics or TRHC in future communications, including but not limited to marketing, recruitment, fundraising, and public relations efforts.

SCHOLARSHIP AGREEMENT STATEMENT

I understand that half of the scholarship will be issued upon granting of the Scholarship and the remaining monies will be issued at the completion of the first semester, if eligible, at which time I will present a Progress/Grade Report which should include my scholastic standings and activities for that first semester of school.

I certify that all information given on this application is true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

(if applicant is under 18 years of age)

Signature of Parent or Guardian _____ Date _____