# IBER HEALTH EDUCATION SCHOLARSHIP FUND

**Application**

## Purpose

The Iber Health Education Scholarship Fund exists for the purpose of providing annual scholarships to Portage County students to assist them in preparation for health-related careers, and to encourage their return to the community as professionals.

## How the Fund Operates

The Community Foundation of Central Wisconsin, a non-profit charitable organization, administers the Iber Health Education Scholarship Fund. The endowment's earnings provide funds for these scholarships. This endowment was created with generous donations in memory of Dr. Frank Iber. Additional memorials and gifts have allowed the endowment to grow over the years.

## How to Apply

The Iber Health Education Scholarship Fund applications will be available beginning Jan. 1st. Application forms may be obtained by visiting the Community Foundation of Central Wisconsin's website at www.cfcwi.org

Applications must be submitted by **March 1.** Scholarship winners will be announced in **May.** All questions and inquiries should be directed to The Community Foundation of Central Wisconsin. Award distribution will be in August, with scholarship checks made payable to the student's institution.

## Who is Eligible

Persons eligible include residents of Portage County who are currently enrolled in graduate level, health-related studies at an accredited school. Undergraduate seniors accepted to an accredited graduate school, for health-related studies may also apply. Currently practicing healthcare professionals who are pursuing education for a specialized field are also encouraged to apply. The scholarship is non-renewable and past Iber scholarship recipients are not eligible to apply.

## What Criteria is Used to Determine Recipients

Grade point average in high school or college, demonstrated leadership skills, honors and awards, volunteer activities, internships, and the likelihood of the applicant to return to Portage County upon graduation. Financial need is only used as criteria should there be a tie among applicants.

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**Application**

## A. Personal Information

1. Name: _____ Age: _____ Sex: _____
2. Mailing address: _____
3. Permanent address: _____
4. Phone number: _____ E-mail Address: _____
5. Present occupation: _____
6. Name, address, and telephone of employer: _____

_____

7. Marital status: _____ Name of spouse: _____
8. Occupation of spouse: _____
9. Name and address of employer of your spouse: _____

_____

10. Number of children: _____ Other dependents: _____
11. Name and address of parents or guardian: _____

_____

## B. Goals in Education

1. What is your career choice? _____
2. What school were you last attending? _____
3. What school do you plan to attend? _____
4. Have you been accepted? _____
5. What is your planned course of study? _____
6. What degree will you work toward? _____
7. When will the school year begin? (Month/Year) _____
8. Will you attend full or part-time? _____
9. When do you hope to complete your studies? _____
10. What are your future employment goals? _____

_____

## C. Educational Background *(attach additional pages if necessary)*

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. College or Professional school *(if more information than one, attach information)*

Name and location: _____

_____

Years attending: _____ Date graduated: _____

Degree: _____ Major: _____

Overall grade point based on 4.0 system: _____

Rank in class: _____ Number in class: _____

3. Additional education: _____

_____

4. Major activities and honors: _____

_____

_____

## D. Volunteer Activities *(list past and present)*

| Dates | Name and Location | Activities |
|---|---|---|
| | | |
| | | |
| | | |

## E. Employment Record *(list present and former employers)*

| Dates | Name, Address and Telephone | Position |
|---|---|---|
| | | |
| | | |
| | | |

## F. School Expenses

1. List below the annual school expenses at the school you will attend:

| | |
|---|---|
| Tuition and fees for next year | $_____ |
| Room and board for next year | $_____ |
| Books and supplies | $_____ |
| Miscellaneous and personal expenses | $_____ |
| Total expenses for next year | $_____ |

2. List below how you expect to finance your next year of school:

| | |
|---|---|
| From personal savings | $_____ |
| Saved from present until school term | $_____ |
| From family contribution | $_____ |
| From loans | $_____ |
| From financial aid | $_____ |
| From employment while attending school | $_____ |
| From employment of spouse | $_____ |
| From other sources (specify the source) | $_____ |
| Total financing (should equal total in 1) | $_____ |

3. Have you applied for financial aid from any other sources?_____

   If yes, list sources:_____

   _____

4. Describe any special circumstances concerning your need for aid_____

_____

_____

## G. Additional Information

1. What are your present feelings about returning to this area to practice your vocation?

   A._____I definitely plan to return here.

   B._____I probably will return.

   C._____I might.

   D._____I don't think I will.

   E._____I definitely will not return.

Please explain:_____

_____

_____

_____

2. Please list three people we can contact for references: *(Name, address, and telephone)*

_____

_____

_____

3. Please request official transcripts from the school you are currently attending or most recently attended (H.S., College or Tech Schools). The transcript may be attached to your application or sent by the school directly to the committee at the address below.
4. Please attach a recent picture of yourself in the lower right hand corner.

**Application materials are due by March 1st.**

Please sign below and return this application with all required correspondence to:
**Community Foundation of Central Wisconsin** by **March 1st**. **Late applications will not be accepted.**

*I certify that all information on this form is true to the best of my knowledge. I understand that all decisions made are final and not subject to review or appeal. I further understand that any information provided in this form may be shared with committee members of the sponsoring scholarship.*

_____

**Student Signature** **(Parent Signature if student is under 18)** **Date**

*Questions and Application Materials should be directed to:*

**COMMUNITY FOUNDATION OF CENTRAL WISCONSIN**
**1501 CLARK STREET, STEVENS POINT, WI 54481**
**PHONE: 715.342.4454 EMAIL: foundation@cfcwi.org FAX: 715.342.5560**

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**Thank you, and good luck!**