



IBER HEALTH EDUCATION Scholarship Fund

Special Requirements:

The following selection criteria shall be utilized when reviewing applications and selecting recipients:

- Must be a resident of Portage County
- Must be pursuing a graduate degree in health care

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.

- In lieu of the general essay, please submit a one-page essay that is specific on:
 1. What are your demonstrated academic successes?
 2. What leadership skills, volunteer activities, or internships have you provided?
 3. What honors and awards have you received?
 4. What is the likelihood of your return to Portage County upon graduation?
- If you are a non-traditional student applying you may disregard submitting the Transcript and Student Resume listed on the general application.

Financial need may also be considered:

- Include a brief summary explaining what "Financial Need" means to you and your situation.
- You will need to apply for the **Free Application for Federal Student Aid (FAFSA)**. This can be obtained by visiting www.fafsa.gov for more information. Once completed, you will receive both an **Expected Family Contribution (EFC)** code and also a **Student Aid Report (SAR)**. Please keep these for your records.
- You must indicate your **EFC** code from your FAFSA here to be considered: _____

NOTE: Applicants are eligible to re-apply

I hereby agree to all the above criteria and I certify that all information for this scholarship application is true to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal. I further understand that any information provided in this and other application forms may be shared with committee members of the sponsoring scholarship.

Student Signature: _____ **Date:** _____

Parent Signature: (if under 18 years of age) _____ **Date:** _____

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

