

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle Initial)

## 2010 Boehnlein Nursing Scholarship

Theda Clark Medical Center Foundation in Neenah, Wisconsin, is pleased to invite applicants for the Boehnlein Nursing Scholarship. These scholarships are available through the generosity of the Harvey Boehnlein Endowment Fund.

An amount of \$1,000 each will be awarded to four students from the Fox River Valley area who are pursuing Nursing Degrees. The recipient must be entering or continuing at a university or college that has a recognized and fully accredited professional nursing program in the fall of 2009. Deadline to apply is February 26, 2010. Scholarships winners will be notified by May 1, 2010.

Each of the applicants accepted will meet the following criteria:

1. a. An incoming freshman registering as full-time and taking credits applicable to the nursing degree.

OR

- b. A current college student or nurse who is continuing his/her education toward either a bachelor's degree in nursing or an advanced degree.
2. Applicants must be a resident of Winnebago, Outagamie, Calumet, Shawano, Waupaca, Waushara, Green Lake, or Fond du Lac counties.

### Attachments:

1. A formal letter of application, not to exceed 500 words, is required and should include:
  - a. Reasons for wanting to earn a nursing degree or pursue a higher-level degree in nursing.
  - b. Reasons for wanting to receive the Boehnlein Scholarship.
  - c. A description of extra curricular activities, volunteer work, committee work and/or employment, with an emphasis on those activities that relate to your career goals.
2. Resume (if applicable).
3. Two letters of reference from appropriate sources. (i.e. Letter written by a science teacher, clinical instructor, or an adult who can address issues about your scholastic ability, extra curricular activities, and/or character.)
4. Transcript from school currently attending or last attended. Students should have a cumulative grade point average of 3.0 or above at the time of application.
5. For applicants who will be incoming freshmen, ACT or SAT scores.

# Boehnlein Nursing Scholarship Application

Submit to: Theda Clark Medical Center Foundation  
130 Second Street  
Neenah, Wisconsin 54956

**Deadline: February 26, 2010**

(Please type or print with black ink)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Education (begin with High School)

SCHOOL	STREET/CITY/STATE/ZIP	DATE COMPLETED or WILL COMPLETE

Will you be a full time or part time student in the fall:  Full Time  Part Time

School you will be attending or schools you have applied to:  
\_\_\_\_\_

Expected date of graduation from nursing school: \_\_\_\_\_

**I certify that the above information I have provided is correct and complete**  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_