Bay Area Medical Center Volunteer Services
Medical Services Continued Education Scholarship

Through the generosity of the Bay Area Medical Center Volunteer Services, Medical Service Scholarships are available to those who are presently employed in the medical field and looking to further their academic course of study in healthcare.

Instructions

1. Read the entire packet of information.

2. Complete the application packet and return no later than October 12, 2017.

3. Select two people (non-relatives) who agree to act as references on your behalf. One reference being a current supervisor.

4. Write a one page essay on why you have chosen medical service as your career and why you are looking to advance that career.

Qualification of Candidates

1. Candidates must be a current resident of Marinette or Menominee County.

2. Candidates must be currently employed in the health care field and looking to further their academic course of study in the healthcare field.

3. Candidates must complete the application process according to established guidelines.

4. The award will be made solely on the merits of the application without regard to age, sex, race, national origin, color, sexual orientation or religion.

Selection of Recipients

1. The Scholarship Committee shall consider the following factors in deciding the relative merit of applicants and determining the final selections:
   a. Candidate meets above qualifications
   b. Candidate’s essay
   c. Candidate’s personal interview
   d. Candidate’s references

2. Selection of recipients will be made no later than November 1, 2017. All applicants will be notified at that time. The Scholarships will be awarded at the Volunteer Services Luncheon on November 9, 2017 at Little River Country Club.

If you have any questions regarding the application process please call Shelly Spaude, BAMC Volunteer Services Coordinator, at 715-735-4200, Ext 4418 or sspaude@bmc.org.
APPLICATION
MEDICAL SERVICES CONTINUED EDUCATION SCHOLARSHIP
Sponsored by Bay Area Medical Center Volunteer Services

Name_________________________________________ Date of Application__________

Address ________________________________________________
Street                                 City                                State              Zip

Telephone ________________________ E-Mail______________________________

Current Employer _______________________________________________________________________

Position __________________________ Number of Years in Position ________________

Additional Education _________________________________________________________________
____________________________________________________________________________________

List work experience:

What school are you attending and what is the area of study you are pursuing? ____________
____________________________________________________________________________________

Please include in your registration packet:

Application Form

Essay: One page essay of why you have chosen medical service as your career and why you are looking to advance your career.

References: Two reference sheets.

School Acceptance: Copy of school acceptance letter or registration form.

RETURN COMPLETED APPLICATION TO:  BACM Volunteer Service

NO LATER THAN October 12, 2017

Shelly Spaude
3100 Shore Drive
Marinette, WI  54143
Bay Area Medical Center Volunteer Services
Medical Services Continued Education Scholarship
Reference

Applicant’s Name (print or type): __________________________________________________________

The above named person has applied for a healthcare scholarship offered by Bay Area Medical Center Volunteer Services. This scholarship is offered to individuals who are pursuing academic study to further their career in the health care field. The applicant requests that you provide a reference on his/her behalf.

Name: ____________________________________________ Title: ___________________________
Address: __________________________________________________________________________

1. In what capacity have you known the applicant, and for how long?

2. How would you describe this applicant?

3. Please describe this applicant’s accomplishments and/or activities within his/her current health care field.

4. Why should we consider this applicant for the Medical Services Continued Education Scholarship?

Attach additional sheet if necessary (do not write on back of sheet please)