

## **Marilyn Largent Memorial Scholarship Criteria**

The Oconomowoc Memorial Auxiliary awards Marilyn Largent Memorial Scholarships to students pursuing careers in a healthcare field.

Applicants must be residents of the hospital service area and seeking education in a medical or healthcare field utilized by the hospital.

**The applicant must be formally accepted into their medical field of study.** Although general education courses taken early in the college experience will lead to a medical program acceptance, formal application and acceptance to the medical program must be completed before a scholarship can be awarded by the OMH Auxiliary. To clarify, freshman direct admit students to a nursing, physical therapy or other medical field are eligible. Students taking pre-admittance courses before acceptance into their specialized medical field are not eligible. At the time they are accepted into their medical field of study, the student is eligible for a Marilyn Largent Memorial scholarship.

Full and part-time students at Wisconsin colleges and universities will be considered for the scholarships.

Scholarships will be awarded on the basis of academic and financial need.

Applications are available at the lobby reception desk at Oconomowoc Memorial Hospital, 791 Summit Avenue, Oconomowoc, WI 53066

All applications must be completed and returned by **April 1<sup>st</sup>**.

**For further information contact  
Marcia Rupp  
Director of Volunteer/Auxiliary Services  
262.569.0293**

**MARILYN LARGENT MEMORIAL SCHOLARSHIP  
OCONOMOWOC MEMORIAL AUXILIARY  
RULES AND REGULATIONS**

**I. Eligibility**

- A. Applicant (male or female) must be a resident of the area served by Oconomowoc Memorial Hospital.
- B. Applicant **must be** enrolled in a medical field utilized by Oconomowoc Memorial Hospital. **The applicant must be formally accepted into the medical field. Although general education courses taken early in college experience will lead to a medical program acceptance, formal application and acceptance to the medical program must be completed before a scholarship can be awarded by the OMH Auxiliary.**
- C. Applicant has been accepted as a student in a college or university in the State of Wisconsin.
- D. Applicant has maintained at least a 2.75 grade point average in high school and/or college.
- E. Applicant must show evidence of financial need.
- F. Only complete applications will be considered.

**II. Scholarship Awards**

- A. Full time students carrying a minimum of 12 credits at \$2,000 per year (\$1,000 per semester).
- B. Part time students carrying a minimum of 6 credits at \$1,000 per year (\$500 per semester).
- C. Renewal
  - a) Scholarships are granted for a single academic year; however, recipients may apply for succeeding years (up to 4 years).
  - b) Students must maintain a grade point average of 2.75 or above.
  - c) Students must send an **authorized record of current grades** to the Scholarship Committee at the end of each semester (December and May), along with an **official copy of registration** for the next semester (with course names and credits). Both must be received before payment is made.

**III. Enclosures – To qualify ALL of the following MUST be included:**

- A. Two letters of recommendation from responsible citizens (i.e. – Teacher, Counselor, Employer, Volunteer/Community Leader).
- B. A transcript of high school grades and/or any advanced courses.
- C. An official copy of registration from the school you will be attending.
- D. A short description of your intended major and why you have chosen it.
- E. A copy of financial need (i.e. – Federal Tax Form or Financial Aid Form).
- F. A press release regarding our Scholarship Recipients will be submitted to local publications.

**IV. Disbursement of Awards**

- A. Scholarships are awarded to qualified students based on academic excellence and financial needs.
- B. Successful applicants will receive notice of their awards.
- C. Checks for the amount of the award will be made out to the college and mailed to the scholarship recipient.

**PLEASE RETURN APPLICATION WITH ENCLOSURES BY APRIL 1<sup>st</sup> TO:**

**AUXILIARY SCHOLARSHIP COMMITTEE  
OCONOMOWOC MEMORIAL HOSPITAL  
791 SUMMIT AVENUE  
OCONOMOWOC, WI 53066  
APPLICATION FOR**

**MARILYN LARGENT MEMORIAL SCHOLARSHIP  
OCONOMOWOC MEMORIAL AUXILIARY**

Applicants Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Spouse \_\_\_\_\_

Name

Employer

Occupation

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

**Complete the following if claimed as a dependent by a parent or guardian:**

Father \_\_\_\_\_

Name

Employer

Occupation

Mother \_\_\_\_\_

Name

Employer

Occupation

Guardian \_\_\_\_\_

Name

Employer

Occupation

Number of Siblings \_\_\_\_\_ Ages \_\_\_\_\_ Number in College \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Name of College/University/Technical/Trade School

Address \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Extra-Curricular/Community/Volunteer Activities:

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Educational Institution in which enrollment is anticipated in the fall:

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College Freshman \_\_\_\_\_ College Sophomore \_\_\_\_\_ College Junior \_\_\_\_\_

College Senior \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Degree Sought \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

Please list any other scholarships, grants, bank or government student loans, etc. for which you have applied:

Name \_\_\_\_\_

Amount \_\_\_\_\_ Pending \_\_\_\_\_ Awarded \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_ Pending \_\_\_\_\_ Awarded \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_ Pending \_\_\_\_\_ Awarded \_\_\_\_\_

Explain your financial need by including a copy of current federal tax forms on which applicant is claimed as dependent or a copy of financial aid form. All information will be kept confidential.

Write a brief paragraph telling why you selected your specific health field.

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Write a brief paragraph telling why you should be considered for this scholarship.

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The above information is true and accurate to the best of my knowledge.

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

Signature of parent or guardian if applicant is under 18 years of age.

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