

ST. JOSEPH'S MEMORIAL FOUNDATION

2026 SCHOLARSHIP APPLICATION

INTRODUCTION

The St. Joseph's Memorial Foundation Scholarship has been established to provide financial assistance to area students who are pursuing higher education in a healthcare field.

DEADLINE

Applications must be received no later than March 9, 2026.

RULES & ELIGIBILITY

1. Applicants must be a 2026 graduate from the following local high schools: Hillsboro, Royall, Wonewoc-Union Center, Weston, Brookwood or La Farge.
2. Applicants must be pursuing a college degree in a healthcare or related field.
3. Scholarships will be awarded by St. Joseph's Memorial Foundation's Scholarship Committee.
4. The scholarship will be paid to the student's college upon successful completion of their first college semester provided their GPA is at least 3.0. Official proof showing a GPA of at least 3.0 from the first semester is required. This information must be sent to St. Joseph's Memorial Foundation, PO BOX 527, Hillsboro, WI 54634 no later than March 9, 2026.
5. This is not a loan and will not have to be paid back.
6. Applications and supporting documentation that is not submitted on the correct form, is incomplete, filled out incorrectly, or not submitted by the deadline will automatically be disqualified from the selection process.
7. It is the responsibility of the applicant to make sure that all of the necessary requirements are met, and all paperwork is submitted by the deadline.

APPLICATION CHECKLIST

Please send all application materials in one envelope to:

St. Joseph's Memorial Foundation, PO BOX 527, Hillsboro, WI 54634,

Completed Application Form

Official transcript of grade-point average

Two letters of reference

SELECTION PROCESS

Applicants who have submitted a completed packet will be selected based upon their qualifications. The final selection committee will consist of board members and health care professionals.

AWARD ANNOUNCEMENT

Successful applicants will be notified by the end of April.

QUESTIONS & SUPPORT

Please direct questions to

Dan Howard

(608) 489-8259

djhoward@emplifyhealth.org

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APPLICANT NAME

last name

first name

middle name

HOME ADDRESS

street

phone

city

state

zip

email (please provide an email address you will have access to after graduation.)

EDUCATION

high school attended

date of high school graduation

high school GPA

college currently enrolled in or plan to attend

intended date of college graduation

QUALIFICATIONS:

List academic recognition or honors you have received. Continue on a separate sheet or word document if necessary.

ORGANIZATIONS AND ACTIVITIES: *List all that you feel will be beneficial in your selection. Please include year of involvement, what role you held and examples of activities you were involved in. (Organizations include High School, Community Activities, Athletics, Social Clubs, Student Government) Continue on a separate sheet or word document if necessary.*

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EMPLOYMENT

place & date

job description

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**WHICH HEALTH CARE FIELD YOU ARE
ENROLLED IN OR WISH TO ENROLL IN:**

WHY HAVE YOU CHOSEN THIS FIELD OF STUDY? *Continue on a separate sheet or word document if necessary.*

AT THIS TIME, DO YOU HAVE ANY LONG-RANGE CAREER GOALS? IF SO, DESCRIBE: *(please be specific; e.g. future job title and where you would like to work (hospital, clinic, rural or urban setting, etc.) Continue on a separate sheet or word document if necessary.*

TELL US ABOUT YOURSELF. *Include anything that you feel would be beneficial in your selection. Continue on a separate sheet or word document if necessary.*

The information I have submitted is accurate to the best of my knowledge.

signature

date