

ST. CROIX HEALTH VOLUNTEER PARTNERS 2026 SCHOLARSHIP INFORMATION

PURPOSE

The Volunteer Partners scholarship fund has been established to help support individuals dedicated to pursuing a career in a health-related field. Our scholarships are funded by donations made to the Volunteer Partners, and by various fundraisers.

ELIGIBILITY

- Class of 2026 high school graduates from school districts in the St. Croix Health Service area (Amery, Frederic, Grantsburg, Luck, Osceola, St. Croix Falls, Siren, Unity (Balsam Lake), and Webster, Wisconsin; and Chisago Lakes, Minnesota)
- Graduates from public, private, charter, and home-based schools from St. Croix Health's service area are invited to apply.
- Family members of St. Croix Health employees are invited to apply.
- Current St. Croix Health employees are invited to apply.
- Applicant must be pursuing a healthcare career.
- Incomplete applications will not be considered.

SELECTION CRITERIA

- Volunteer Service (both within and outside of a healthcare facility)
- Personal/Professional Goals
- Academic success
- Work/Volunteer Experience
- Extra-Curricular Activities
- Character Traits (Appraisals)
- Quality of Application

APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATION:

- ☐ Completed and signed application
- ☐ Transcript of school grades
- ☐ Letter of acceptance to a post-secondary school
- ☐ Two character appraisals (forms can be found at the end of this packet)

DISTRIBUTION OF FUNDS

Funds will be distributed in the second semester of the first year enrolled in higher education. The following materials need to be submitted by January 15, 2027, to: St. Croix Health Volunteer Partners, 235 State Street, St. Croix Falls, WI 54024, OR email to Volunteer@scrmc.org.

- A copy of the scholarship recipient's fall semester transcript
- Proof of enrollment/registration for the second semester of the first year

**ST. CROIX HEALTH VOLUNTEER PARTNERS
2026 SCHOLARSHIP INFORMATION****APPLICANT DATA**

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

Date of Birth: _____ Telephone Number: _____

Email Address: _____

Name of Parent(s)/Guardian(s): _____

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship grant.

I hereby give my consent to St. Croix Health and the St. Croix Health Volunteer Partners to:

- have photographs, videotaped images, and other images made of myself.
- have my name published in any print or digital media publication.

Signature_____
Date_____
Parent Signature (if applicant is not 18 years of age)_____
Date

Your completed application and all supporting documents must be postmarked or delivered by March 1, 2026, to:

St. Croix Health Volunteer Partners
235 E. State St.
St. Croix Falls, WI 54024

Application packets may be dropped off at the hospital entrance, located off of State Street by the Emergency Department, and left at the desk, Monday-Friday, 6:00am to 4:00pm. Please put a note on your application: "ATTN: Rebecca, Ext. 0579."

For Office Use: Application # _____

ST. CROIX HEALTH VOLUNTEER PARTNERS
2026 APPLICATION



**Please limit your answers to this space.*
**If any questions are not applicable to your current situation, please attach an explanatory note referring to the question and section.*

What are your plans as they relate to your educational and career objectives and further goals?

Why are you choosing to pursue a career in healthcare?

Have you received a scholarship from the St. Croix Health Volunteer Partners before? ☐ NO ☐ YES

Why do you feel you deserve this scholarship?

ST. CROIX HEALTH VOLUNTEER PARTNERS

SCHOOL INFORMATION



High School Attending/ed: _____

Graduation Date (month/year): _____

School Address: _____

School Phone: _____ School Principal: _____

☐ PLEASE INCLUDE A TRANSCRIPT WITH YOUR APPLICATION.

Name of Post-Secondary School(s) Applicant is Attending:

**4-year College/University, Community College, Technical College, Other*

POST-SECONDARY SCHOOL	ENROLLMENT
Name: _____ City/State: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time or more <input type="checkbox"/> Half-time or less
Name: _____ City/State: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time or more <input type="checkbox"/> Half-time or less
Name: _____ City/State: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time or more <input type="checkbox"/> Half-time or less

Anticipated year of graduation from post-secondary program: _____

List the major field(s) of study that you have an interest in: _____

☐ PLEASE INCLUDE AN ACCEPTANCE LETTER TO A POST-SECONDARY SCHOOL WITH YOUR APPLICATION.

ST. CROIX HEALTH VOLUNTEER PARTNERS WORK/VOLUNTEERISM/ACTIVITIES/AWARDS



Describe your work and/or volunteer experience during the past four years. Indicate the number of months of experience in each job or volunteer role and the approximate number of hours worked each week.

[illegible]

List all the activities in which you have participated during the past four years (e.g. music, sports, clubs, etc.). Indicate any special awards and/or honors you have received. Attach an extra sheet if necessary.

[illegible]

ST. CROIX HEALTH VOLUNTEER PARTNERS SCHOLARSHIP APPLICANT APPRAISAL



(Required; do not include the applicant's name on this page)

This form should be completed by a teacher, employer/supervisor, member of the clergy, or any other person who is in a position to evaluate you according to the criteria given. People completing this form cannot be related to you.

TO THE APPRAISER:

You are asked to provide information in support of a scholarship application. Please give serious attention to the following statements. For each statement, check the box next to the answer which best describes the individual. Please add your own brief comments.

When complete, please return this form to the applicant in a sealed envelope. (The applicant's scholarship application is due on March 1, 2026.)

The applicant's choice of a post-secondary education is realistic:

☐ Extremely appropriate ☐ Very appropriate ☐ Moderately appropriate ☐ Inappropriate

The level of the applicant's commitment to further education is:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

The applicant is able to seek, find, and use resources:

☐ Extremely well ☐ Very well ☐ Moderately well ☐ Not well

The applicant demonstrates critical thinking skills and follows through and completes tasks:

☐ Extremely well ☐ Very well ☐ Moderately well ☐ Not well

COMMENTS (Required. Please, do not name the student in your comments.)

Appraiser's Name and Title

Phone Number

Appraiser's Signature

Date

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