**Upland Hills Health, Inc. - Health Care Services**

**Scholarship Application Form**

**800 Compassion Way**

**Dodgeville, WI 53533**

**www.uplandhillshealth.org**

**History of Upland Hills Health**

Upland Hills Health, Inc. (UHH) is a 25-bed Critical Access Hospital located in Dodgeville, Wisconsin. UHH also has a 44-bed Nursing Home, Home Health and Hospice services that serve up to 5 surrounding counties. UHH was formed as the result of a merger of two Dodgeville hospitals: St. Joseph's Hospital and Dodgeville General Hospital. They came together in 1974 as a united non-profit organization, as Memorial Hospital of Iowa County, Inc. In 2001, the corporate identity was changed to Upland Hills Health to reflect a growing service area and expanded health services.

**Establishment of Scholarship**

UHH established this UHH Health Care Services Scholarship program in 2015 to support area High School Seniors in meeting their goals to become health care providers. The Board of Trustees and The UHH Foundation of Upland Hills Health have approved a scholarship program for school districts in the local service area. Scholarship disbursements shall be made in accordance with the provisions specified in this document. UHH reserves the right to amend, alter or discontinue this scholarship program at any time.

**Award Amount**

Five $500.00 Scholarships will be awarded. This is a one-time award, per student, and is not renewable.

**Student Information:**

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

\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \*Age: \_\_\_\_\_\_\_\_\_\_\_

\*School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parents Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Academic Information:**

\*Current cumulative GPA: \_\_\_\_\_\_/4.0 scale

\*Are you scheduled to graduate from High School this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name of post-secondary school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Are you enrolled in a Health Care Services Field of Study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*What degree are you seeking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Number of college credits you are enrolling in for your first semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Expected graduation date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Criteria & Required Information to Apply:**

High School Seniors wishing to apply for the UHH Health Care Services Scholarship must complete the following as part of the application process:

1. Applicants must be a High School Senior and be currently enrolled in one of the eligible area high schools including: Dodgeville, Mineral Point, Highland, Iowa Grant, Barneveld, River Valley, Pecatonica and Mount Horeb.
2. Applicants must be enrolled and accepted into a health care services degreed or certificate field that is offered at any state college or university located in Wisconsin.
3. Applicants must have a Letter of Acceptance from their applicable college, university, technical college or if not available, a completed enrollment application.
4. Applicants must complete the Scholarship Application form.
5. Applicants must provide a brief listing of all extracurricular involvement including any non-academic activities. I.e. athletic teams, clubs, service activities, awards, volunteerism, fundraisers, etc. during their high school years.
6. Applicants must provide a ½ page written recommendation from a High School Guidance Counselor, Administrator or Teacher explaining why this student is a good choice for this scholarship.
7. Applicants must provide their grade transcript; applicants must have a minimum GPA of 3.0 on a 4.0 scale.
8. Applicants must write a one-page written essay of why they are inspired to study and to work as a future health care provider.
9. Students must be a current U.S. resident.
10. Family members of UHH employees are eligible to apply.

**Submitting an Application:**

The Scholarship Application deadline is March 21, 2025 and all required information is to be postmarked by March 21, 2025 and completed in a neat and orderly manner and sent via mail or dropped off to the following location:

**Upland Hills Health**

**800 Compassion Way**

**Dodgeville, WI 53533**

**Attention: Jessica Albaugh, Human Resources**

**Nepotism Disclosure:**

Are you currently a family member, close friend or associate with any UHH employee, physician or board member? Having an affiliation with a member of the UHH organization does not prohibit any student from applying for a scholarship but may affect who would be a member of a selection committee at UHH. Please list any family members, friends or associates that you know here at UHH?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information provided herein for this scholarship is true to the best of my knowledge and I grant my permission for the information to be shared with the scholarship committee and for UHH to verify any information that I’ve provided in this scholarship application.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_