

Fond du Lac Area Foundation
FOND DU LAC COUNTY
MEDICAL SOCIETY SCHOLARSHIP FUND

I. SCHOLARSHIP PROGRAM:

A Fond du Lac Area Foundation, Fond du Lac County Medical Society Scholarship is available to a graduating senior from any of the Fond du Lac County High Schools. The student receiving this scholarship should have **plans to major in a human health related field, to include: medicine, nursing, pharmacy, physical therapy or occupational therapy**. The Fond du Lac County Medical Society is a component of the State Medical Society of Wisconsin whose purpose is to bring together the physicians of Fond du Lac County to advance the science and art of medicine and to better the health of the residents of this county and state. In 1996 the physicians of the Fond du Lac County Medical Society elected to establish this scholarship in order to support and encourage students of our county to pursue careers in the health sciences.

II SCHOLARSHIP GUIDELINES:

Scholarships will be awarded on the basis of the following student criteria:

1. Academic Excellence
2. Community, school, and health related activities and involvement
3. Personal statement describing which health related career and the reason(s) for choosing that field.

III. APPLICANTS MUST:

1. RESIDE in Fond du Lac County or ATTEND SCHOOL in Fond du Lac County.
2. Submit a most recent **CERTIFIED SCHOOL TRANSCRIPT** showing a 3.75 Cumulative Grade Point Average or higher and your **ACT Score Report**
 - Applications without this requirement WILL NOT be considered.
3. Applications must be received or postmarked by April 1, and mailed to:

Fond du Lac Area Foundation
1020 S. Main Street, Suite E
Fond du Lac, Wisconsin 54935

PERSONAL STATEMENT - Attach statement to application*

It should cover the following items:

- Describe the health related field you plan to pursue.
- Why do you wish to pursue a career in that field?

*350 words or less

A certificate of recognition will be presented to the scholarship recipient at the May meeting of the Fond du Lac County Medical Society.

Upon proof of enrollment, the scholarship check will be sent to the recipient - payable jointly to the recipient and the college of choice.

I hereby certify that the data I have submitted is correct to the best of my knowledge.

Signature_____

Date Submitted_____