

July 15, 2025

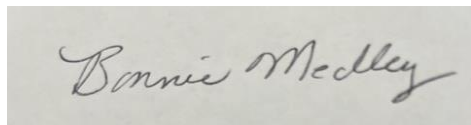
Dear Scholarship Applicant:

Aurora Lakeland Medical Center Associates, the volunteer organization at Aurora Lakeland Medical Center, is offering scholarships to students who are entering their junior or senior year of an accredited college, technical, certificate, or associate program. The applicant must be a resident of Walworth County and pursuing an academic course of study leading to a career in the health care field.

To qualify, the scholarship applicant must be entering their junior or senior year this fall. The program must be a bachelor's degree program or the final academic year of a technical, certificate or associate program. Applicants must be in good standing academically in the academic year immediately prior to application. Additionally, applicants pursuing a graduate degree will be considered for scholarships irrespective of the year in which they will obtain their degree. The proceeds of this award will be paid directly to the college and applied towards the spring semester of 2026 tuition and other fees required by the school.

If you meet these qualifications, please complete the enclosed scholarship application, and return it to Aurora Lakeland Medical Center Associates, Attention Scholarship Committee, W3985 County Road NN, Elkhorn, WI 53121. Completed applications, references and transcripts must be received by October 31, 2025, to be considered by the Scholarship Committee. You may want to check with your references to be sure they have returned their information to us by that date.

Sincerely,



Bonnie Medley  
Chairman, ALMCA Scholarship Committee

AURORA LAKELAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship

**Scholarship Check List**

To qualify for a scholarship award, the committee must have the following information by October 31, 2025:

- Application completed in full
- Essay of 500 words minimum
- Copy of latest official transcript
- Two references – one from a current or recent professor who can speak of your academic achievements and one from a professor or employer to speak of your professional achievements. Two academic references will be accepted.
- Non-discrimination form

AURORA LAKELAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship

**Purpose**

It is the desire of the Scholarship Committee that these awards be made available to residents of Walworth County, Wisconsin who are pursuing an academic course of study leading to a career in the healthcare field.

The proceeds of an award will be paid directly to the school's Bursar office to be applied toward the spring semester of 2026 tuition and other fees required by the school.

- Applicants will be judged on scholastic ability, recommendation need, and desire to succeed.
- The decision of the Scholarship Committee is not subject to review.
- All information obtained is strictly confidential.

AURORA LAKELAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship

**Instructions**

1. Read the entire packet of information.
2. Complete the application form, along with the essay, and return with copy of latest official transcript no later than October 31, 2025.
3. Select two individuals who agree to act as references on your behalf.  
References **must** include: 1) one current or recent professor who can speak of your academic achievements; 2) one professor or employer to speak of your professional achievements; or include two academic references.

Complete the top portion of the reference forms and give one copy to each of them along with an envelope to return the form to

ALMCA Scholarship Committee  
Aurora Lakeland Medical Center  
W3985 County Road NN  
Elkhorn, WI 53121

**Be sure to tell them that the reference must be received by the Scholarship Committee no later than October 31, 2025.**

4. All applicants will be notified no later than December 15, 2025.

**AURORA LAKELAND MEDICAL CENTER ASSOCIATES**  
**Healthcare Scholarship**

**Qualification of Candidates**

1. Candidates must be residents of Walworth County.
2. Previous recipients may apply.
3. Candidates must be enrolled in a healthcare program and in their junior or senior year of a bachelor's degree program or entering their final academic year of a technical, certificate, or associate degree program. Applicants pursuing a graduate degree will be considered for a scholarship irrespective of the year in which they will obtain their degree.
4. Applicants must be in good standing academically for the year immediately prior to application.
5. Candidates must complete the application process according to the guidelines established.
6. The award will be made solely on the merits of the application and without regard to age, sex, race, or national origin.

**Selection of Recipients**

1. The Scholarship Committee shall review and evaluate each application.
2. The Scholarship committee shall consider the following factors in deciding the relative merit of applicants and determining the final selection:
  - a. Candidates meet the qualifications.
  - b. Applicants demonstrate financial need.
3. In the event that the Scholarship Committee determines that no applicants are qualified to receive an award, no award shall be given.
4. Recipients shall be notified by the Scholarship Committee.

**General Conditions Governing the Award**

1. Scholarships are awarded to candidates complying with the conditions set forth.
2. The responsibility for selection of award recipients shall be vested with the Scholarship Committee. Selection of recipients shall be made according to such method as determined by the committee. This method is stated in Qualifications of Candidates and the Selection of Recipients sections.

AURORA LAKE LAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship Application Form  
2025

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

School for which scholarship is requested \_\_\_\_\_

School Address \_\_\_\_\_

Student ID Number \_\_\_\_\_

Are you currently attending this school? \_\_\_\_\_ If yes, what academic year/level? \_\_\_\_\_

If no, when will you begin classes? \_\_\_\_\_

Type of program you are pursuing (check one) Certificate/Technical \_\_\_\_\_ Associate Degree \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_ Other (specify) \_\_\_\_\_

Course of study (Nursing, Physical Therapy, Medical Technology, etc.) \_\_\_\_\_

Tuition cost for one semester \_\_\_\_\_

When do you anticipate completion of your course of academic study? (month/year) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, who is your employer? \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_ Current job title \_\_\_\_\_

Are you receiving any other financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bursor's Office** \_\_\_\_\_

Address

Contact Name

**Essay**

Please attach a typewritten essay, with a minimum of 500 words, addressing the following issues:

1. A brief personal academic history, including GPA, any honors or awards, etc.
2. A brief description of your academic goals.
3. A description of your professional aspirations.
4. An explanation of why you feel you need financial assistance.

**References**

Please have two individuals complete the reference form and send them directly to Aurora Lakeland Medical Center Associates, Attention Scholarship Committee, W3985 County Road NN, Elkhorn, WI 53121, no later than October 31, 2025. References **must** include: 1) one current or recent professor who can speak of your academic achievements; 2) one professor/employer to speak of your professional achievements; or include two academic references.

AURORA LAKELAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship 2025  
Reference Form

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**Applicant completes this section:**

Applicant's Name (print or type): \_\_\_\_\_

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

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**Reference completes this section:** The above-named person has applied for a healthcare scholarship offered by Aurora Lakeland Medical Center Associates. This scholarship is offered to individuals who are pursuing academic study leading to a career in the health care field. The applicant requests that you provide a reference on his/her behalf. Please complete the following reference form and return it to Aurora Lakeland Medical Center Associates.

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

Title: \_\_\_\_\_

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

**1. In what capacity have you known the applicant, and for how long?**

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

**2. Please describe accomplishments and/or activities of the applicant that indicate potential academic and professional success in the health care field (use reverse side if more space is required).**

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

**Return completed reference form no later than October 31, 2025, to:**

Aurora Lakeland Medical Center Associates  
Attention: Scholarship Committee  
W3985 County Rd NN  
Elkhorn, WI 53121

AURORA LAKELAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship 2025  
Reference Form

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**Applicant completes this section:**

Applicant's Name (print or type): \_\_\_\_\_

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

\_\_\_\_\_

---

**Reference completes this section:** The above-named person has applied for a healthcare scholarship offered by Aurora Lakeland Medical Center Associates. This scholarship is offered to individuals who are pursuing academic study leading to a career in the health care field. The applicant requests that you provide a reference on his/her behalf. Please complete the following reference form and return it to Aurora Lakeland Medical Center Associates.

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

Title: \_\_\_\_\_

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

\_\_\_\_\_

**1. In what capacity have you known the applicant, and for how long?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Please describe accomplishments and/or activities of the applicant that indicate potential academic and professional success in the health care field (use reverse side if more space is required).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return completed reference form no later than October 31, 2025, to**

**Aurora Lakeland Medical Center Associates  
Attention: Scholarship Committee  
W3985 County Rd NN  
Elkhorn, WI 53121**



AURORA LAKELAND MEDICAL CENTER ASSOCIATES  
Healthcare Scholarship  
2025

**Non-Discrimination**

Awards given through this scholarship shall be made without regard to age, gender, race, or national origin.

I certify that the attached information is correct and complete, and I understand that I am solely responsible for the content and accuracy of my application. I further understand that any application received after October 31, 2025, any omission of information, or inaccuracies will be cause for dismissal of this application. I hereby release from any and all liability all representatives of Aurora Lakeland Medical Center, Aurora Lakeland Medical Center Associates, Inc., and the Scholarship Selection Committee from their acts in good faith in connection with evaluating my application, credentials, and qualifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed application form, the essay and transcripts no later than October 31, 2025. Mail to:

Aurora Lakeland Medical Center Associates  
Attention: Scholarship Committee  
W3985 County Road NN  
Elkhorn, WI 53121