



WMH Foundation Scholarship Award Application

Scholarships Available

- The Wyandot Memorial Hospital Foundation will award five \$1,000 scholarships in 2024 to residents of Wyandot County pursuing healthcare careers at an accredited institution.
- This application is also available at the WMH website: www.wyandotmemorial.org.
- Award presentations will coincide with local high school academic recognition programs in May.
- Students are eligible to receive the award a maximum of two years, either consecutively or non-consecutively. Students who have already received two scholarships from the WMH Foundation should not re-apply.
- Current employees of Wyandot Memorial Hospital are not eligible for the scholarship awards.

Application Deadline: March 15, 2024

Method of Selection

The foundation's scholarship committee will review all applications to determine which students will receive awards. This determination is based upon the criteria noted below without regard to race, creed, color, gender, age, national origin, disability, religion, sexual orientation or veteran status.

Criteria for Selection

1. Career in healthcare
2. Achievement – 2.5 or better GPA
3. Need
4. Character and citizenship
5. Commitment to community
6. Resident of Wyandot County
7. Completed Wyandot Memorial Hospital Foundation application

Include the following supporting documents in addition to your completed application form:

- A) Proof of residency in Wyandot County (high school students need not submit separate proof of residency if a home address is listed on transcript)
- B) Most recent official transcript
- C) Three letters of recommendation
 - 1) Academic (or professional for non-traditional students)
 - 2) Academic (or professional for non-traditional students)
 - 3) Personal

For questions or more information, please contact

Corporate & Donor Communications at Wyandot Memorial Hospital
419-294-4991, extension 2043 • akemerley@wyandotmemorial.org
885 N. Sandusky Avenue • Upper Sandusky, OH 43351

Wyandot Memorial Hospital Foundation Scholarship Award Application

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parents/Guardian Name (high school students only):

Names and ages of your brothers and sisters (high school students only):

College/University you plan to attend: _____

Your intended major course of study: _____

Have you been accepted? Yes Still waiting to hear Have not applied

How do you plan to pay for your education? _____

Organizations, clubs, sports or activities you participated in during high school:
