



Froedtert Hospital

MINORITY SCHOLARS PROGRAM SCHOLARSHIP APPLICATION

This Scholarship is made possible through the generosity of Froedtert Hospital. Froedtert Hospital seeks to expand the number of qualified, trained minority health care professionals in the greater Milwaukee area.

Award: Fall 2005 or Spring 2006

Criteria: Applicants must be a full-time minority student enrolled in the College of Health Sciences at the time of the award. Incoming freshmen or transfer students must be accepted to enroll at UWM. Final selection will be based upon academic achievement, financial need and or volunteer service. Scholarship Awards range from \$500 - \$1,000.

1. Personal Data

Name	ID #
Address	Home Phone
City, State, Zip Code	Cell Phone
Email Address	Major
Current UWM Cumulative GPA (If Applicable)	Total Credits at UWM as of June, 2004
Are you a Wisconsin Resident? ___Yes ___No	

2. High School Information

Name of High School, City & State	Dates of Attendance	Graduating GPA

3. Educational History

College/University City, State	Dates of Attendance	Degree Received

4. Student and Community honors, awards and volunteer activities (Indicate non-required, uncompensated volunteer work only.)

Organization Name	Dates	List Activities, Honors Received, Offices Held, etc.

5. List ALL financial sources of income:

6. Faculty/Academic Staff Recommendation: List a faculty or academic staff member who will submit a recommendation form on your behalf.

Name	Address	Phone Number

All information provided will be treated confidentially and used only for consideration by the Scholarship Committee.

I certify that all information on the application is correct and complete. I understand that I must attend UWM for the entire semester in order to receive the scholarship award should I be chosen as a recipient.

Student's Signature	Date

RETURN BY: AUGUST 1, 2005

RETURN TO: Marion L. McDowell, Assistant Dean
 University of Wisconsin-Milwaukee
 College of Health Sciences P.O. Box 413
 Milwaukee, WI 53201
 (414) 229-5761
 marionm@uwm.edu



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Minority Scholars Program Scholarship STUDENT STATEMENT

Applicant's Name	Date
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Please provide a typed statement indicating why you believe you deserve this award, including specific information about any financial need or hardship (one page limit). Also include information on your career choice.



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Minority Scholars Program Scholarship

FACULTY/STAFF RECOMMENDATION

APPLICANT: Please fill in your name and give this to a faculty or staff member to complete and return.

APPLICANT'S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION (OPTIONAL):

I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature	Date
Applicant's Name	ID#

Place a check in the appropriate box.

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Adaptability					
Oral Communication					
Written Communication					
Dependability					
Initiative					
Intellectual Ability					
Integrity					
Interpersonal Skills					
Leadership					
Work Habits					
Chances this student will complete major					

How long have you known this student?	
In what capacity have you known this student?	
Signature	Date
Name Printed or Typed	Title

RETURN DEADLINE: AUGUST 1, 2005

RETURN TO: Ms. Marion L. McDowell, Assistant Dean
 College of Health Sciences
 University of Wisconsin-Milwaukee
 P.O. Box 413
 Milwaukee, WI 53201
 (414) 229-6118 FAX 414 229-2206

marionm@uwm.edu