The Richland Hospital FOUNDATION™
Where your gift today grows a healthier tomorrow

333 E Second Street, Richland Center, WI 53581 | 608.647.6321 x2285

The Richland Hospital Foundation Scholarship Application

2026-2027

The Richland Hospital Foundation is dedicated to supporting The Richland Hospital and Clinics (TRHC) in an effort to improve the health of the community. The Foundation has a long history of investing in the next generation of health care providers and helping people achieve their goals through The Richland Hospital Foundation Health Career Scholarship program, which provides financial support to individuals in the community who are pursuing or intend to pursue formal education leading to a degree or certification in a health care-related occupation. Funding for the program is achieved through donations by TRHC employees and generous donations from community members.

Eligibility for Scholarship Program:

1. The applicant must be a resident who resides in The Richland and Hospital and Clinics service areas or:
    a. A TRHC Employee,
    b. A child of a TRHC Employee
    c. A TRHC volunteer.
2. The applicant must be a student enrolled in or accepted to (and planning to enroll in) a degree program at an accredited college, university, or technical school pursuing a health care degree that would enable the applicant to support rural health care.
3. The applicant must have achieved a grade point average of 3.0 (on a 4-point scale), or equivalent, for the academic year immediately prior to the application (or the last year of the individual's academic study, in the event of a gap).
4. The applicant must complete (or plan to complete) at least six (6) credits per semester.
5. **The application must be received electronically or postmarked by the June 15 deadline, with all requirements completed. Incomplete applications will not be considered.**

Application requirements to be completed: *

1. **Completed application form**
2. **Personal essay**
3. **Previous semester High School or college transcript, or, if new to the program, a copy of an acceptance letter**
4. **Photograph**

*** additional information on these requirements can be found on page 2**

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The Richland Hospital Foundation office must receive applications by June 15, 2026.

Applications and all supporting documents must be sent online through the TRHC website or paper copies can be emailed to angie.coenen@richlandhospital.com or mailed to Angie Coenen, The Richland Hospital Foundation, 333 East Second Street, Richland Center, WI 53581

Questions regarding the Richland Hospital Foundation scholarship program or application process can be directed to Angie at 608-647-1847 or angie.conenen@richlandhospital.com.

Required Supporting Documentation Instructions

Personal Essay: Your essay is a critical aspect of the application and equivalent to an interview. Prepare a one to two-page typewritten essay that includes the following points:

1. Your educational objectives
2. Why did you choose to enter your health care program
3. Your career goals-Where do you hope your education will take you after graduation
4. Current or previous related work experience
5. Financial need for this scholarship
6. Any other information that might be relevant to this application
7. If you have received The Richland Hospital Foundation scholarship in the past, please update us on your most recent accomplishments and progress in your chosen program.

Photograph:

Please include a recent photograph (preferably a digital file) of yourself with your application. Photographs are not used as part of the review process and will only be used for those applicants who are awarded a scholarship. By signing below, you acknowledge that the photo may be used by The Richland Hospital Foundation and TRHC in internal or external communications relating to the program. For example, your photograph may be used as part of an award announcement in local newspapers, social media platforms, or other publications. By signing below, you also acknowledge that the photograph may be used by The Richland Hospital Foundation or TRHC in future communications, including but not limited to marketing, recruitment, fundraising, and public relations efforts.

Selection and Payment of Awards:

The Richland Hospital Foundation scholarship applications are evaluated by a review committee comprised of Foundation representatives, donors to the program, and TRHC employees. In the event that you choose to express your appreciation in writing upon receipt of the award (which we would greatly appreciate), you acknowledge by signing below that The Richland Hospital Foundation and TRHC may use all or part of the written communication in internal or external communications, including but not limited to further publicizing the scholarship program.

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How to Receive Awarded Scholarships:

Applicants will not be discriminated against on the basis of age, sex, race, color, creed or religion, disability, marital status, sexual orientation, gender identity, or any other category protected by law.

Required Forms & Deadlines:

Enrollment Verification (EV) Form

- Obtain from your university's registrar's office.
- Submit to the Executive Director at **angie.coenen@richlandhospital.com** or mail to the address below.

Previous Semester grades showing a 3.0 or higher, or an acceptance letter from a higher education institution showing acceptance.

Deadlines:

- **Fall 2026 Semester: September 18, 2026**
- **Spring Semester: February 5, 2027**

Payment Schedule

- **Two installments:**
    1. **First payment** is issued **after** your Enrollment Verification is received.
    2. **The second payment** is issued in **February after** you submit:
        - **GPA documentation** for the **fall semester** showing a **minimum 3.0 GPA (on a 4.0 scale) or equivalent**, **and**
        - Your **Spring Enrollment Verification** (due by **February 5**).
- **One-semester programs:** Recipients who complete their program in one semester will receive **only the first payment**.

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How to Submit Your Documents

- **Email:** A **screenshot of your grades** (must include your **full name**) can be emailed to **angie.coenen@richlandhospital.com**.
- **Mail:**
  The Richland Hospital Foundation
  333 Second Street
  Richland Center, WI 53581

Important Notes

- **Address for Payment:** After enrollment verification is received, scholarship payments are sent **directly to your home address** on file, unless you instruct us otherwise.
- **Timeliness Matters:** Failure to submit required forms by the deadlines may result in **delayed payment** or **forfeiture** of the scholarship.
- **Need Help?** Your **university registrar's office** can assist with Enrollment Verification.

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2026-2027 Scholarship Application and Consent Form

The Richland Hospital Foundation Health care Scholarship Program

Please return your completed form and supporting documents to the following:

The Richland Hospital Foundation, Attn: Angie Coenen, 333 Second Street, Richland Center, WI 53581, or email Angie at angie.coenen@richlandhospital.com

About You:

First Name_____ Middle Name_____ Last Name_____

Preferred Contact Information:

Current Address_____ City_____ State_____ Zip_____

Email_____Phone_____ Date of Birth_____

(X) if either statement is applicable

____Richland Hospital Employee ____Child of Richland Hospital Employee

Please list the department you currently work in if you are a Hospital Employee, or list the department your parent works in at the hospital._____

About Your Academic History:

Degree Sought_____Anticipated Graduation Date_____

Fall 2026 College/University_____Program_____Year of Program_____

Current College/University (if applicable _____Program GPA_____ From/Until_____

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Employment Information:

Employer_____ Position_____ From/Until_____

Volunteer Work, Activities, Special Recognition & Community Involvement: Please provide information about volunteer work and activities you have been involved with that are beneficial to your personal career goals. (Continue on a separate piece of paper if necessary.)

_____

_____

_____

_____

Academic Scholarships & Grants: Please provide information on grants you have already received (Continue on a separate piece of paper if necessary.)

Amount $_____ Source_____ Date Awarded_____

Amount $_____ Source_____ Date Awarded_____

Amount $_____ Source_____ Date Awarded_____

Anticipated Tuition Cost (s) for 2026-2027

Fall Semester-No. of Credits_____ Cost Per Credit $_____ Total Tuition $_____

Spring Semester-No of Credits_____ Cost Per Credit $_____Total Tuition $_____

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All of the information provided is complete and accurate to the best of my knowledge. I hereby give The Richland Hospital Foundation and The Richland Hospital and Clinics permission to use and share this information and photo for the purpose of recruitment, fundraising, and public relations if I receive a scholarship Award. I further certify that I am currently enrolled in a health care career program at an accredited college or university for the upcoming academic year and will use the scholarship Award toward expenses related to my education.

All application materials become the property of The Richland Hospital Foundation and TRHC. Falsification of information may result in the termination of any scholarship granted. By signing below, I agree that all of the representations above are true and accurate to the best of my knowledge, and I provide consent for the use of materials as described above.

Signature of Applicant_____ Date:_____

Signature of Parent or Guardian_____ Date:_____

If the applicant is under 18 years of age

Check that all requirements have been submitted by the June 15th deadline.

- ☐ **Completed online or paper application form**
- ☐ **Personal essay**
- ☐ **Previous high school or higher educational semester transcript or, if new to the program, a copy of an acceptance letter.**
- ☐ **Personal Photograph**