

**SCHOLARSHIP PROGRAM**  
**SPONSORED BY**  
**EMPLIFY HEALTH BY GUNDERSEN BOSCOBEL BOARD OF DIRECTORS**  
**DEADLINE: MARCH 15, 2026**

The Emplify Health by Gundersen Boscobel Scholarship has been established to provide financial assistance to area students who are pursuing higher education in any field of study associated with healthcare. In appreciation for the support of the surrounding communities, school systems, and medical community, Emplify Health by Gundersen Boscobel sponsors five \$1,500.00 scholarships to assist qualified individuals toward their academic objectives in areas of health care study.

**RULES AND ELIGIBILITY REQUIREMENTS**

1. Applicants must be a 2026 graduate from the following local high schools: Boscobel, Fennimore, North Crawford, Riverdale, River Ridge, and Wauzeka-Steuben. One scholarship will be awarded to an applicant from each of the three schools where an Emplify Health by Gundersen Boscobel Clinic is located; Boscobel, Fennimore and Riverdale, with a fourth scholarship awarded to the most qualified remaining applicant from any of the qualifying schools. The fifth scholarship will be awarded to an employee of Emplify Health by Gundersen Boscobel regardless of what school they attend. Applicants must provide a transcript showing a 3.0 or higher grade point average.
2. Entry or eligibility for entry into a health care related field. The committee will withdraw the scholarship for any applicant who does not enroll in a health-related field. The scholarship will be paid directly to the student upon successful completion of their first college semester. Official proof showing a GPA of at least 3.0 from the first semester of college, proof of first semester full time enrollment and proof of full time enrollment for the second semester of studies are required. This information must be sent to Emplify Health by Gundersen Boscobel, Lisa Friar, 205 Parker Street, Boscobel, WI 53805, postmarked no later than March 15, 2026.
3. This is not a loan and will not have to be paid back.
4. Age, gender, race, religion, or physical disability is not a basis of determination of eligibility.
5. Applications and supporting documentation that is not submitted on the correct form, is incomplete, filled out incorrectly, or not submitted by the deadline will automatically be disqualified from the selection process.
6. Completed application materials should **be mailed with a postmark of March 15, 2026 or earlier** to: Emplify Healthy by Gundersen Boscobel, Lisa Friar, 205 Parker Street, Boscobel, WI 53805.
7. It is the responsibility of the applicant to make sure that all of the necessary requirements are met, and all paperwork is submitted by the deadline. Please feel free to call Lisa Friar at 608-375-6201 or email [lafriar@emplifyhealth.org](mailto:lafriar@emplifyhealth.org) to confirm receipt of paperwork by the deadline.

**APPLICATION PACKET TO INCLUDE THE FOLLOWING:** (Please send all application materials in one envelope.)

1. Completed application.
2. Official transcript of grade-point average.
3. Two letters of reference.
4. Completed questionnaire form.
5. Please do not use staples. Send one sided pages only.
6. Application materials must be mailed with a postmark no later than the deadline of **MARCH 15, 2026.**

**SELECTION PROCESS:**

Applicants who have submitted a completed packet will be selected based upon their qualifications. The final selection committee will consist of board members and health care professionals.

**EMPLIFY HEALTH BY GUNDERSEN BOSCOBEL  
BOARD OF DIRECTORS SCHOLARSHIP  
APPLICATION**

**PERSONAL DATA: (Please print or type)**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Attended: \_\_\_\_\_ Date of High School Graduation \_\_\_\_\_

College Currently Enrolled in or plan to Attend: \_\_\_\_\_

Intended Date of College Graduation: \_\_\_\_\_

High School Grade Point Average: \_\_\_\_\_

**QUALIFICATIONS:** List academic recognition or honors you have received.

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**ORGANIZATIONS AND ACTIVITIES:** List all that you feel will be beneficial in your selection. Please denote year of involvement and in chronological order with most recent first. (*High School, Community Activities, Athletics, Social Clubs, Student Government*)

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**EMPLOYMENT:** *(Part-time, Full-time, Summer Jobs)*

Place & Date	Job Description	Hours/Week

**CAREER OBJECTIVES:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH CARE FIELD YOU ARE ENROLLED IN OR WISH TO ENROLL IN:** \_\_\_\_\_

\_\_\_\_\_

Please complete *The Emplify Health by Gundersen Boscobel Scholarship Questionnaire* (attached).

Direct all inquiries to Lisa Friar, Emplify Health by Gundersen Boscobel, 608-375-6201 or email [lafriar@emplifyhealth.org](mailto:lafriar@emplifyhealth.org). Mail all packet information showing a postmark of **MARCH 15, 2026 or earlier.**

The data I have submitted is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Mail complete packet information with a post mark no later than **MARCH 15, 2026**, or earlier to:  
Lisa Friar, Emplify Health by Gundersen Boscobel, 205 Parker Street, Boscobel, WI 53805

**The Emplify Health by Gundersen Boscobel Scholarship  
Questionnaire**

Please answer all the following questions on this form to assist us in our selection process. Feel free to use a separate piece of paper, however please print or type your response.

1. What health occupation field of study have you chosen? \_\_\_\_\_

\_\_\_\_\_

2. Why have you chosen this field of study? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What personal attributes do you have that you feel will make you successful in a health occupation field?

\_\_\_\_\_

\_\_\_\_\_

4. At this time, do you have any long-range career goals? If so, describe: (please be specific, i.e. job title you see yourself holding, where you see yourself working (hospital, clinic, lab, rural or urban setting, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe your ability to help others, use examples: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How will this scholarship help you in your educational planning? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail complete packet information showing a postmark no later than **MARCH 15, 2026** to Lisa Friar, Emplify Health by Gundersen Boscobel, 205 Parker Street, Boscobel, WI 53805