

Requirements

Emplify Health by Gundersen Employees Children's Scholarship Administered and Funded by Gundersen Partners

DESCRIPTION

Gundersen Partners has a deep commitment to supporting healthcare education in our community and is proud to offer scholarships to children of employees in our own organization. The Emplify Health by Gundersen Employees Children's Scholarship was established by Gundersen Partners in 2004 to support students who are pursuing a career in healthcare or a healthcare-related field. Up to twelve \$1,000 scholarships are awarded annually to eligible students. The student must be enrolled in or enrolling in a recognized and accredited program that provides a degree or credential in a healthcare occupation/profession. Applicants may only be awarded one scholarship; individuals not previously awarded a scholarship may reapply provided eligibility is intact.

ELIGIBILITY

All applicant eligibility requirements as listed below need to be met before the scholarship committee will consider the application.

- A. The applicant is a DEPENDENT of a current employee of Emplify Health by Gundersen or a dependent of that employee's spouse/partner. "DEPENDENT" is defined as a child who is:
 1. Unmarried;
 2. Less than 25 years old as of June 15, 2026; and
 3. Receives at least 50 percent financial support from his/her/their parent(s).
- B. Enrolling or has enrolled in an educational institution as an undergraduate or advanced degree student pursuing a career in a healthcare-related field or is furthering his/her/their education in a healthcare-related field.
- C. In good academic standing with a GPA of 3.0 or higher on a 4.0 scale.

APPLICATION

The following outlines the components of the application:

- A. Completed and signed "2026 Emplify Health by Gundersen Employees Children's Scholarship Checklist."
- B. Completed "2026 Emplify Health by Gundersen Employees Children's Scholarship Application."
- C. A typed one-page letter expressing his/her/their reasons for pursuing a career in or furthering his/her/their education in a healthcare-related field.
- D. Applicant's most recent school transcript showing a grade point average. A photocopy of the original transcript is acceptable.
- E. A list of extracurricular activities and work/volunteer experiences throughout the applicant's life, not to exceed two pages.
- F. References:
 1. Three (3) written references from individuals who know the applicant well and are not relatives.
 2. References need to be current and dated within one year prior to June 15, 2026.

Of particular note: The application and all supporting documents must be **complete** and submitted in **one** envelope and must be postmarked or received at the Gundersen Partners office no later than **4:00 p.m. on Monday, June 15, 2026**. No additional materials will be accepted after submission. Late applications will not be considered and will be returned to the applicant unopened.

PROCESS

Following the submission deadline, all applicants will receive an email confirming receipt of their application.

The Gundersen Partners Scholarship Committee will review all complete applications that meet eligibility. Selections will be made based on criteria that includes:

- Minimum 3.0 GPA
- Healthcare Goal
- Character/Citizenship
- Transcript
- Activities/Work Experience
- References

Applicants will be notified of the committee's decision six to eight weeks after the submission deadline.

Scholarship checks are written directly to the educational institution; therefore, the recipient must be enrolled and have an active student ID number when the scholarship is awarded, or the scholarship will be forfeited. If a recipient switches schools after their scholarship check has been mailed, it is the recipient's responsibility to request a refund from the school before a replacement check is issued.

If you have any questions, please contact Gundersen Partners at 608-775-3602.

Please send or deliver all applications addressed to:

Gundersen Partners Scholarship Chair
1900 South Avenue, Mailstop H04-009
La Crosse, WI 54601

GUNDERSEN PARTNERS

ENHANCING CARE THROUGH SERVICE AND GIVING

CHECKLIST

2026 Emplify Health by Gundersen Employees Children's Scholarship

Administered and Funded by Gundersen Partners

- Completed Application form
- Applicant letter
- Applicant transcript
- Applicant list of extracurricular/work/volunteer activities
- 3 Letters of Reference

If awarded this scholarship, I understand that if I switch schools after my scholarship check has been mailed, it is my responsibility to request a refund from the school before a replacement check is issued.

If awarded this scholarship, I give Gundersen Partners permission to use my name and picture in internal and external publications. ____ Yes ____ No

Student Signature: _____ Date: _____

My signature above certifies that I have read and understand the Requirements of the Emplify Health by Gundersen Employees Children's Scholarship administered and funded by Gundersen Partners.

Parent/Guardian Signature: _____ Date: _____

(Parental/Guardian signature required if student is under the age of 18)

All application materials shall be submitted to:
Gundersen Partners, 1900 South Avenue, Mailstop H04-009, La Crosse WI 54601

All application materials must be postmarked or received no later than
4:00 pm on Monday, June 15, 2026 (no exceptions).

Any applications received after that time will be returned to the applicant unopened.

Questions? Please call 608-775-3602

2026 Emplify Health by Gundersen Employees Children's Scholarship Administered and Funded by Gundersen Partners Application Form

PLEASE NOTE: ALL fields are required to be completed by applicant.

Name (First / Middle / Last):	DOB / Age:
Mailing Address:	
City / State / Zip Code:	Phone:
Email Address:	
Past Education (degrees, schools, etc.) (attach additional sheets, if necessary):	
Academic Program or Course(s) Proposed:	
Choice of College or University:	
Parent's Name / Job Title / Department / Emplify Health by Gundersen Email Address:	

Program or course you are currently applying for:

Enrollment start date:
Check One: <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Online
Degree: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please specify) <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other (Specify)

Academic Course Description(s) only. List each course separately (continue on reverse side, if necessary):*

Name of Course	Credits	Tuition or Fees per Semester

*In the event a class schedule is not available by the application deadline, please submit a course outline listing the anticipated classes for the applicable timeframe.

Any questions should be directed to Gundersen Partners via email: gundersenpartners@gundersenhealth.org

