



SCHOLARSHIP REQUIREMENTS

1. The following scholarships are awarded by the Tolfree Foundation: WBRMC Medical Staff Scholarships, Lucille Schwartz Scholarships, Tolfree Foundation Scholarships and the Paul A. Poling Memorial Fund.
 2. These are equal opportunity scholarships. No person shall be discriminated against on the basis of age, sex, race, religion, color, national origin, height/weight, familial, citizenship, disabilities, or any other characteristics protected by law.
 3. Awarding of the scholarships will be made upon acceptance as an approved student in a health care field of study at an accredited educational institution. Proof of enrollment may be required.
 4. Priority may be given to students pursuing a degree within the medical field and immediate family members of WBRMC, Hospice of Helping Hands, Inc. Medical Arts Center, and Tolfree Foundation.
 5. The Paul A. Poling Memorial Fund will be given to graduates of any high school located in the WBRMC's service areas, graduates of Kirtland Community College School of Nursing who want to achieve their Bachelor of Science degree in nursing and employees currently employed within the healthcare field who are continuing their education for a higher degree within healthcare. Exceptions for the Paul A. Poling Memorial Fund are: 1) Children of the West Branch Regional Medical Center employees SHALL NOT have preference over any other qualified applicant.
- PRIORITY of the Paul A. Poling Memorial Fund is to: Children of members of the Board of Trustees of the West Branch Regional Medical Center, Medical Arts Center, Tolfree Foundation, and any other Hospital related Boards WILL have preference over any other applicants.
6. When all factors are considered equal, priority is given to individuals who are in their second or advanced year of their education.
 7. Applicant primary residence MUST be in the John Tolfree Health System's service areas (West Branch, Rose City, Mio, Prescott, Alger, Au Gres, Whittemore, Hale, St. Helen, Roscommon, Prudenville, Gladwin, Tawas, and Houghton Lake).
 8. The scholarship award will be paid directly to the recipient's educational institution upon notification of acceptance into an accredited educational institution.
 9. The attached scholarship application form must be completed and received by the Tolfree Foundation Office, by the application deadline of March 13th. Scholarships are approved in April, and notification of scholarship awards are distributed in May.
 10. Forms are to be mailed/delivered to:

Tolfree Foundation
Scholarship Committee
335 E. Houghton Ave.
West Branch, MI 48661

Please include four complete copies of your application and transcript(s).



SCHOLARSHIP APPLICATION

The Tolfree Foundation awards scholarships to students pursuing a course of study leading to employment in a health care field. Special emphasis will be given to students pursuing a degree in the health care field.

Required Information:

Name: _____

Address: _____

City: _____ Zip: _____ Phone: (____) _____

E-mail address: _____

Name of spouse (if under 18, name parent or legal guardian):

Applicant's current employer:

High school or current educational institution where you are enrolled:

Most Recent GPA (High School or College). Please indicate N/A if you have been out of school for more than 5 years.

Schools you have applied to (indicate which you have been accepted to):

School you plan to attend:

Specific healthcare field of study: Start date:

Years of study required to complete the program (based on full-time attendance):

If you are currently enrolled at a post-secondary educational institution please indicate your status (circle one):

Undergraduate: 1st Year 2nd Year 3rd Year 4th Year

Advanced/Graduate: 5th Year 6th Year 7th Year 8th Year

Are you enrolled (circle one): Full-time Part-time

Previous degrees you have obtained:

Are you presently employed by WBRMC, Hospice of Helping Hands, Medical Arts Center, or Tolfree Foundation? (circle one): YES NO

If yes, please list title and department:

Do you have a spouse, parent, or guardian employed by WBRMC, Hospice of Helping, Medical Arts Center, or Tolfree Foundation? (circle one): YES NO



If yes, please list their name and department: _____

Have you received or applied for WBRMC employee tuition reimbursement (circle one): YES NO

Are you a child of a member of the Board of Trustees of the West Branch Regional Medical Center, Medical Arts Center, Tolfree Foundation, Hospice of Helping Hands, Inc., and any other Hospital related Board? YES NO

If yes, please list which Board of Directors: _____

Name of family member on the Board: _____

Have you applied for this scholarship before (circle one): YES NO

If yes, please indicate what year: _____

Have you received a Tolfree Foundation Scholarship before (circle one): YES NO

If yes, please indicate year and scholarship awarded:

Essay Question: On a separate sheet of paper, typed and double-spaced with a minimum of 250 words, please discuss why you have chosen the healthcare field. Be sure to include your goals following graduation, your specific healthcare field and why you are attracted to a healthcare related career.

Signature: _____ Date: _____

Please list a professional reference we may contact:

Name: _____ Title: _____ Phone: _____

Note: If you are awarded a scholarship, we will require a current photograph for publication in the local media.

A copy of your most recent unofficial transcript MUST be attached for us to consider your application.

QUESTIONS? CALL: 989-343-3694

Revised 11/2014