

2026 Academic Scholarship Program

Aurora Health Care – Manitowoc County

Scholarships Available

Aurora Medical Center – Manitowoc County Scholarships (2 awarded annually):

\$1,500 nonrenewable. Scholarships are awarded to high school or college students who are Manitowoc County residents enrolled in accredited medical, nursing or other health-related programs.

Aurora Medical Center – Manitowoc County Volunteer Services Scholarships (2 awarded annually):

\$1,500 nonrenewable. Scholarships are awarded to high school or college students who are Manitowoc County residents enrolled in accredited medical, nursing or other health-related programs and have volunteer experience.

Aurora Clinicians of Manitowoc County Scholarships (2 awarded annually):

\$1,500 nonrenewable. Scholarships are awarded to high school or college students who are Manitowoc County residents enrolled in accredited medical, nursing or other health-related programs.

Scholarship Guidelines

A completed scholarship application form must be emailed, along with all requested materials attached to karla.wood@aah.org by **May 1st, 2026**. Alternatively, you can mail the materials postmarked by **May 1st, 2026**, to:

Aurora Medical Center – Manitowoc County
Attn: AMCMC Administration
5000 Memorial Drive
Two Rivers, WI 54241

Late or incomplete applications will not be considered.

Applicants must:

- Reside or attend school in Manitowoc County
- Be accepted or have acceptance pending at an accredited institution of higher learning
- Be pursuing a degree in a healthcare related field
- Have a GPA of 3.0 or above

A complete application will include:

- *[High School Students]* Submit a copy of an official high school transcript (through a minimum of seven semesters)
- *[College Students]* Submit a copy of an official transcript from each institution of higher learning attended
- A Student Activity Profile (i.e. extracurricular activities including years participating and leadership positions held; community/volunteer activities including dates participated, hours served, and leadership positions held; academic and athletic awards/honors received and years presented; and work experience/position and dates of employment).
- Provide a minimum of one letter of recommendation from an individual who knows the applicant's abilities and strengths, and who knows the applicant through an academic or non-academic setting (i.e. teacher, guidance counselor, faculty advisor, school administrator, dean, employer, coach)

Scholarships are primarily awarded based on outstanding academic achievement, leadership and volunteer activities. However, financial need may be taken into consideration when selecting winners. All applicants will be notified by email of the decisions made by the Scholarship Advisory Group. Actual payment of scholarship funds will be made directly to the institution of higher learning.

2026 Academic Scholarship Program Aurora Health Care – Manitowoc County

Application

Please type or print clearly ink

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Cell Phone:

Email:

Parent(s) or Guardian(s) Name:

Parent(s) or Guardian(s)' Address (if different from own):

City:

State:

Zip Code:

High School:

High School Graduation Date:

Post-Secondary School (Planning or Attending):

Field of Study (Planning or Pursuing):

Please list any other scholarships, grants, tuition reimbursement that you have applied for:

1. Already granted: Yes No If yes, please indicate amount:

2. Already granted: Yes No If yes, please indicate amount:

3. Already granted: Yes No If yes, please indicate amount:

I attest that the information contained herein is true and complete.

Signature of Applicant _____

Date: