



Linda Stolder Rottman - Higher Education Scholarship

Howard Young Foundation in partnership with Aspirus Health's Howard Young Medical Center announces the 1st Annual Linda Stolder Rottman - Higher Education Scholarship!

The Linda Stolder Rottman Higher Education Scholarship is established by the members of the Stolder family in memory of their sister, Linda, a former employee of the Howard Young Medical Center in Woodruff, WI. Linda and her son, Matthew Xavier "Max" Rottman, died on May 10th, 2022 in a tragic accident at their home in Presque Isle, WI.

This scholarship will be presented to selected Howard Young Medical Center employees and their offspring. A minimum one year employment by a family member will be required for eligibility. All advanced areas of study will be given equal weight and scholarships will not be restricted to four-year institutions. Those pursuing in-person education, however, will be given preference over online students.



Scholarship Award: \$1,000.00

Application Launch Date: March 14th, 2023 – *Linda Stolder*

Rottman's birthday

Application Deadline: May 31st, 2023

Award Announced: June 15th, 2023

Eligibility:

- Howard Young Medical Center employee or offspring of an employee.
- Employee must be employed for least 1 year from the application launch date.
- Accepted into a program of higher education
- Grade point average of 3.0 or higher (Most recent high school or college)
- Has turned in all application materials by May 31st, 2023

Application Requirements:

- Application completed in full
- Short Essay, see application
- Proof of program acceptance and GPA of 3.0 or higher
- Application must be emailed or delivered to Jason Troxell's inbox at Howard Young Medical Center by May 31st,
 2023. Email is preferred.
 - o Email Applications to Jason.troxell@aspirus.org
 - Send Paper Applications to:

Howard Young Medical Center

Attn: Jason Troxell, VP-Chief Administrative Officer

240 Maple St.

Woodruff, WI 54568

Applications are available on-line at www.howardyoungfoundation.org, in the administrative office of HYMC, or you can request an application by emailing jason.troxell@aspirus.org. If you have questions, you can email jason.troxell@aspirus.org or call 715.356.8115.



Email to: jason.troxell@aspirus.org



Linda Stolder Rottman - Higher Education Scholarship Application

Mail to: Howard Young Medical Center, Attn: Jason Troxell, 240 Maple St. Woodruff, WI 54568 Application Deadline: May 31st 2023 I have enclosed the following materials. (Please note that incomplete applications may be ineligible for consideration.) ☐ Scholarship Application ☐ Transcript with proof of most current GPA (3.0 or higher required) ☐ Proof of Admission/Registration to a Higher Education Program ☐ Personal Essay (300-1000 words) ☐ Media Release (last page of application) **Application Information** Full legal name: _____ Mailing address: Phone Number: _____ Email Address: _____ **Educational History HIGH SCHOOL** Phone: GPA: _____ Actual or expected graduation date: ___ COLLEGE If you have not yet taken college courses, list the program you have been accepted to. College Name: Phone: _____ Address: _____ Semester Start Date: _____ Actual or expected graduation date: ___ MM/YY College Status: Freshman Sophomore Junior ☐ Senior **Howard Young Medical Center Work Information** Start Date: _____ Department: _____ Supervisor: _____

Essay Requirement: (REQUIRED. Please Attach Separately)

Write a 300-1000 word essay addressing the following two questions:

- 1. What life experiences have shaped who you are today and what challenges have you overcome in achieving your education (i.e. financial, personal, medical, etc.)
- 2. What are your academic and career goals and your plans to achieve them?





Media Release and Consent Form

I authorize for my name, photo, and essay to be taken and used by Aspirus Health and the Howard Young Foundation. For example, this may include, but is not limited to: on the news, in publications, posted on bulletin boards, on the company website, and posted on social media sites for advertising or other promotional purposes.

I confirm that any and all material submitted by me for this scholarship is either my own or otherwise authorized for such use without obligation to me or any third party. I also agree to the use of my name, portrait or pictures, written materials and voice for marketing and promotional purposes.

I further agree that my application for scholarship confers upon me no rights to use, ownership or copyright. I release Aspirus Health and the Howard Young Foundation, its employees, agents, and assigns from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program(s).

FULL LEGAL NAME:			
LAST	FIRST	MIDDLE	
SIGNATURE		DATE	
PARENT OR GUARDIAN SIGNATUR (if under 18 years old)		DATE	