

Adele M. Stolder Endowment Scholarship

BSJ Corporation is delighted to announce the 5th Annual Adele M. Stolder Scholarship! We recognize that escalating tuition fees, which have risen by 225% in the last 30 years, can make higher education seem out of reach. Our aim is to ensure that financial challenges do not stand in the way of your educational and career aspirations.

This endowed scholarship, established in memory of Adele M. Stolder, a former nursing home resident at the BSJ Care Center, by her daughter, Mary Ellen Stolder, PhD, RN, aims to provide financial assistance to a BSJ Corporation employee who is pursuing higher education. It reflects our commitment to supporting our employees' educational journeys.

Scholarship Award: **\$1,000.00**Application Deadline: May 31, 2024
Award Announced: July 01, 2024





Eligibility:

- Bethany St. Joseph Corporation employee 1+ year
- Accepted into a higher education program
- GPA of 3.0 or higher (Most recent high school or college)
- Application submitted by the deadline, May 31, 2024

Application Requirements:

- Application completed in full
- Short Essay, see application
- Proof of program acceptance <u>and</u> GPA of 3.0 or higher
- Application must be emailed or delivered to Amanda Acklin's In-box at BSJCC by May 31, 2024. <u>Email is preferred</u>.
 - o Email Applications to: <u>aacklin@bsjcorp.com</u>
 - o Send Paper Applications to:

Amanda Acklin, Foundation BSJ Care Center 2501 Shelby Rd. La Crosse, WI 54601

Applications are available on-line at <u>www.bjscorp.com</u> or you can request an application by emailing Amanda Acklin at <u>aacklin@bsjcorp.com</u>.

If you have questions you can email Amanda Acklin or call (608) 519-9778.

The Adele M. Stolder Endowment Scholarship Application

Complete Application is due by 8:00 pm on May 31st

Email to: aacklin@bsjcorp.com **Mail/Drop Off:** Development at BSJCC, 2501 Shelby Rd, La Crosse, WI 54601

l have enclosed t (Please note that			ligible for considera	tion.)	
Transcript v Proof of Ad Personal Es	Application with proof of most mission/Registrat say (300 - 900 wo ase (last page of a		higher required) ation Program		
Applicant Inform	ation				
Full legal name:	FIRST				
Mailing address:		MIDDLE	LAST		
Phone Number: ()	Email address:			
Educational Histo	ory				
Name: Address <u>:</u>				Phone: (
COLLEGE If you have not yet	taken any college	courses, list the prog	ram you have been a		
College Name:					
Address:				Phone: ()	
GPA:	2024 Semester S	Start Date:	Actual / Expected	graduation date: MM /	YY
College Status: 🗌	Freshman So	phomore	Senior		
Bethany St. Josep	oh Corporation W	ork Information			
Start Date:					
Facility:					
- Supervisor: -					

Essay Requirement: (Required. Please Attach Separately)

Write a brief essay (300-1000 words) addressing the following:

- 1. **Life Journey:** How have your experiences and challenges shaped you and impacted your educational journey? (i.e. financial, personal, medical, etc.)
- 2. Goals: What are your academic and career goals, and how do you plan to achieve them?
- 3. Your Role at BSJ: What aspects of working at BSJ Corporation do you value the most?

Media Release & Consent Form

I authorize for my name, photo, and essay to be taken and used by Bethany St. Joseph Corporation. 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 BSJ Corporation, 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:	FIRST	MIDDLE	
Employee Signature		Date	
Parent or Guardian Signature (If under 18 yrs o	<u> </u>	 Date	