**The Dr. Michael K. Ouwenga Scholarship**

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Dr. Michael K. Ouwenga served the community of Quincy and the surrounding area as a urologist dedicated to improving the lives of his patients and collaborating closely with his colleagues at Quincy Medical Group. The Dr. Michael K. Ouwenga Scholarship will be awarded to a graduating high school senior in Quincy who will study in a healthcare-related field in college and exhibit the characteristics that Dr. Ouwenga embodied: scholarship, leadership, and service.

The Ouwenga Family wishes to honor his legacy each year by awarding $5,000 to two high school seniors through the Quincy Medical Group Foundation. To qualify, applicants must:

* Be a graduating senior in Quincy (Quincy Senior High, Quincy Notre Dame High School, or a Quincy homeschool)
* Have a minimum 3.5 GPA
* Be involved in the community and extracurricular activities
* Plan to attend a 2- or 4-year school in a healthcare-related field

*Applications must be submitted and/or postmarked by* ***March 18, 2022*** *for consideration by the Dr. Michael K. Ouwenga Scholarship Committee. Applicants will be notified of decisions in April.*

Please submit the following application form with attachments to:

Quincy Medical Group Foundation

The Dr. Michael K. Ouwenga Scholarship

1025 Maine Street

Quincy, IL 62301

**Dr. Michael K. Ouwenga Scholarship Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate M/D/Y: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_\_\_

*Must be 3.5 or above.*

Cumulative dual-enrollment credit hours: \_\_\_\_\_\_\_\_\_\_\_

Where will you be attending college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your intended or declared major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Must be in healthcare-related field.*

What are your career aspirations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to pursue a bachelor’s degree? YES NO

Credit hours you will be enrolled in fall/spring: \_\_\_\_\_\_\_\_\_

Do you plan on staying in/returning to the Quincy area after graduation? YES NO

Please submit two letters of personal references (non-family) that speak to your character, future plans, volunteerism, etc. Reference letters should include contact information should we choose to contact them.

Name/Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With your application, please attach the following:

* Resume
* Copy of high school transcript
* 500-word personal statement addressing:
  + Your education goals and career plans
  + Your involvement in community and extracurricular activities
  + Your leadership experience or goals
  + What receiving this scholarship would mean to you
  + Any other information you wish to have the Scholarship Committee consider

I have completed this application to the best of my knowledge. I agree that the Scholarship Committee may review my educational records to verify my eligibility. I agree to attend any function honoring scholarship donors and recipients. I agree to follow-up communication from the Scholarship Committee regarding verification of enrollment and academic progress. I consent to the use of my face and name in media, and will make myself available for announcement coverage, if chosen for the scholarship.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_