



Wisconsin's Health Care Worker Incentive Scholarship

STUDENT: Please submit completed form to the Office of Student Financial Aid no later than March 31, 2021. The form should be emailed to finaid@finaid.wisc.edu (preferred) or mailed to:

Office of Student Financial Aid – UW Madison
333 East Campus Mall #9701
Madison, WI 53715

TO BE COMPLETED BY HEALTH CARE FACILITY REPRESENTATIVE:

NAME OF HEALTH CARE FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

_____ has worked **at least 50 hours** at this facility between the dates of December 1, 2020 and January 31, 2021 working in the role checked below.

_____ Student worked less than 50 hours at this facility. Indicate how many hours _____.

NOTE: A combined total of at least 50 hours is required to be eligible for \$500 scholarship. A form from each facility is required indicating the number of hours worked.

RN LPN CMA CNA CEMT CPT

Nursing/Resident Assistant/Nurse Extern/CBRF

Signature of Healthcare Facility Representative

Date

Printed Name of Healthcare Facility Representative

Title/Positon

Email Address

Phone Number

TO BE COMPLETED BY STUDENT:

Student Name

Campus ID number

For more information on the criteria to qualify: <https://financialaid.wisc.edu/healthcareworker-incentive-scholarship>

If you have any questions, please contact Jeff Buhrandt, UW System's Associate Vice-President of Government Relations at (608) 262-1312, or jbuhrandt@uwsa.edu.