



Scholarship Announcement

TO: Scholarship Applicants

FROM: Tammie Richter, Foundation Director

DATE: January 8, 2026

SUBJECT: 2026 Scholarship Application

The Southwest Health Foundation is, once again, proud to invest in the future of healthcare by offering scholarship funds to students pursuing a healthcare career. To be eligible for the scholarship candidates must either:

- be a graduating high school senior and reside within the communities of Platteville, Cuba City, Belmont, Livingston, Mineral Point, Montfort, Rewey, Dickeyville, Hazel Green, Potosi, Benton and Shullsburg.
- be four years or less post high school graduation from any of the following High Schools - Platteville HS, Cuba City HS, Southwestern HS, Scales Mound HS, Benton HS, Lancaster HS, Iowa-Grant HS, Darlington HS, Mineral Point HS and Shullsburg HS.
- be, regardless of residence, a dependent of a Southwest Health employees who is a graduating high school senior or is four years or less post high school graduation.
- be an employee of Southwest Health

If you have questions regarding eligibility, please contact Tammie Richter, Foundation Director, at (608) 342-4704 prior to submitting an application.

All application packets are due on March 5, 2026, at 3:00 p.m. To ensure appropriate consideration for all applicants, the packet must either be postmarked, hand-delivered or emailed to foundation@southwesthealth.org by the above date and time. No exceptions will be made.

Please read the scholarship criteria carefully. Once again, if you have any questions please contact Tammie Richter at (608) 342-4704 or via email foundation@southwesthealth.org.

The Southwest Health Foundation looks forward to supporting your education and commitment to the future of healthcare.



2026 Scholarship Application

Deadline is March 5, 2026, by 3:00 pm
 Postmarked or delivered to:
 Southwest Health Foundation
 ATTN: Scholarship Committee
 1400 East Side Road, Platteville WI 53818

Scholarships	<p>Date: _____ Please carefully read the eligibility guidelines for the Lyle and Lenice Curtis Scholarship and only apply if you meet the requirements:</p> <p><input checked="" type="checkbox"/> Lyle and Lenice Curtis Scholarship (<i>amounts awarded vary</i>)</p> <p>If you have questions please contact Tammie Richter, Foundation Director at (608) 342-4704, prior to submitting an application.</p>
Applicant Information	<p>Are you an employee of Southwest Health or the dependent of a Southwest Health Employee? <input type="checkbox"/> yes <input type="checkbox"/> no (If you are a dependent of a Southwest Health employee please provide the name of the employee who claims you for tax purposes).</p> <p>Applicant's Name: _____ Address: Street (include Apt #): _____ City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____ E-Mail: _____</p>
High School Information	<p>Name of High School: _____ Address of High School (Street, City, State, Zip): _____</p> <p>Rank in Class: _____ Graduation Date: _____</p>
College Information	<p>Name of Accredited Institution: _____</p> <p>Address of Institution: Street: _____ City: _____ State: _____ Zip: _____</p> <p>Fulltime: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Student ID # _____ Phone Number _____</p> <p>Entrance Date (<i>expected or actual</i>): _____ Anticipated Date of Completion: _____</p>
Applicant Signature	<p>I understand the application requirements and the criteria used to select this award. I am attaching the additional documentation required for the selection process. I understand that an incomplete application will result in a "not granted" status.</p> <p>Applicant's signature: _____ Date: _____</p> <p>All applicants meeting the specified criteria are given equal consideration regardless of race, religion, color, national origin, ancestry, qualified disability, medical condition, marital status, age, sex, pregnancy, sexual orientation, childbirth or related medical condition or any other protected class provided through federal, state, or local law.</p>
Scholarship Committee	<p>This Scholarship Application is: <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted If no, please list the reason (brief description): _____</p> <p>Administrative officer signature: _____ Date: _____</p>



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Describe your reason for entering this field and your career and employment goals. **(40% of score)**

Describe your most significant volunteer, public service, extracurricular activities, community, or campus activities. Also, include any special recognition or honors you have received. **(20% of score)**

From a financial standpoint, what impact would this scholarship have on your education? Explain how you are currently or plan to finance your tuition and expenses? **(30% of score)**



The Lyle and Lenice Curtis Scholarship fund was established to benefit students pursuing an education in a health related field at an accredited institution of higher education. Scholarship levels and amounts distributed will vary accordingly year to year.

The scholarship awarded must be used for tuition, books, or fees for the upcoming school year and will be paid directly to the school.

Students must complete the accompanying application and are required to meet the guidelines listed below:

1. The Southwest Health Foundation is, once again, proud to invest in the future of healthcare by offering scholarship funds to students pursuing a healthcare career. To be eligible for the scholarship candidates must either:
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 - be four years or less post high school graduation from any of the following High Schools - Platteville HS, Cuba City HS, Southwestern HS, Scales Mound HS, Benton HS, Lancaster HS, Iowa-Grant HS, Darlington HS, Mineral Point HS and Shullsburg HS.
 - be, regardless of residence, a dependent of a Southwest Health employees who is a graduating high school senior or is four years or less post high school graduation.
 - be an employee of Southwest Health.

If you have questions regarding eligibility, please contact Tammie Richter, Foundation Director, at (608) 342-4704 prior to submitting an application.

2. Candidates must be enrolled in a health-related program or accredited medical program. This can include, but is not limited to, Nursing, Radiology, Physical Therapy, Speech Therapy, Occupational Therapy and Medical Technology.
3. Completed applications must be accompanied by the following information:
 - a. Transcript of grades.
 - b. Two letters of recommendation, attesting to the applicant's aptitude and desire to pursue a career in the chosen medical field.
 - c. Handwritten applications will NOT be accepted.

All applicants meeting the above criteria are given equal consideration regardless of race, religion, color, national origin, ancestry, qualified disability, medical condition, marital status, age, sex, pregnancy, sexual orientation, childbirth or related medical condition or any other protected class provided through federal, state or local law.



All applicants must submit a submission packet for consideration.

The submission packet includes the following:

- ☐ Completed copy of the application form (first page). – **Handwritten applications will NOT be accepted.**
 - o Do not forget to sign and date the form. (if you submit the application through e-mail the submission of the application represents your signature)
 - o Fill out all questions (Incomplete applications will be discarded).
- ☐ Attach two letters of character recommendation attesting to the applicant's aptitude and desire to pursue a career in the chosen medical field.
- ☐ Transcript of grades (**final 10% of score** – based on GPA).
- ☐ Additional qualifications:
 - o Lyle and Lenice Curtis Scholarship applicants must be currently enrolled in a health-related program or accredited medical program. This can include, but is not limited to: Nursing, Radiology, Physical Therapy, Speech Therapy, Occupational Therapy, and Medical Technology.