



TIM TURNER Scholarship

Special Requirements:

The following selection criteria shall be utilized when reviewing applications and selecting recipients:

- Must be a graduating senior of a Portage County high school
- Must be entering a medical field of study
- Demonstrate academic success by having a minimum 2.5 GPA
- Provide references from two individuals (*teachers, coaches, neighbors, etc.*) explaining the student's character and generosity to others.
- Watch the movie "Pay It Forward" and submit an essay answering the question:
"What personal act of kindness have you received, and how have you paid it forward?"

I hereby agree to all the above criteria and I certify that all information for this scholarship application is true to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal. I further understand that any information provided in this and other application forms may be shared with committee members of the sponsoring scholarship.

Student Signature: _____

Date: _____

Parent Signature: (if under 18 years of age) _____

Date: _____

Application Materials should be directed to:

COMMUNITY FOUNDATION OF CENTRAL WISCONSIN
1501 CLARK STREET, STEVENS POINT, WI 54481
PHONE: 715.342.4454 EMAIL: foundation@cfcwi.org FAX: 715.342.5560

