



## Dept WI Veterans of Foreign Wars Auxiliary

### Lillian Campbell Medical Scholarships

#### 2024-2025 Guidelines and Instructions

#### Facts:

- The Lillian Campbell Medical scholarship was started to honor a Department WI Auxiliary sister who was elected as the VFWA 1963-1964 National President.
- Lillian Campbell passed away at her home in Appleton, Wisconsin at the age of 98 on May 26, 1996, but remains a vital part of the Auxiliary she loved through this scholarship in her memory.
- Funds raised for the Lillian Campbell Medical Scholarship (LCMS) allow us to give out multiple scholarships of \$1,000 to eligible applicants currently enrolled in a medical field.
- Examples of eligible student programs are nursing, pharmacist, physician assistants, medical and surgical technicians, physical and occupational therapists, dental, radiology, veterinarian and other related medical professions.
- First year medical students in the Paramedic program are also encouraged to apply for a \$750 scholarship. There will be only One (1) \$750.00 Scholarship for a Paramedic.

**The number of Scholarships** will be determined by donations; all must be received by Lenore Otto, Dept WI Treasurer (address at end of report) and received before May 1, 2025.

#### The qualifications for eligibility are:

- An applicant or member of his/her immediate family (mother, father, sister, brother, son, daughter, spouse or grandparent) **MUST HAVE SERVED IN THE MILITARY.**
- Applicants must be in a college or technical college and in a medical field at least one year prior to applying (maybe completing their first year at the time of application). If awarded a scholarship, applicant must show proof of at least 6 credits up to a full-time enrollment for the 2024-2025 school year to receive the scholarship.
- Applicants must submit their most recent scholastic transcript showing a cumulative grade point average.
- Applicant must show evidence of financial need by supplying copy of most recent Financial Aid Form, FAFSA statement of loans to date, or copy of the first page of income tax form showing family income (BLACK OUT Social Security number!).
- Applicant must submit an essay **NOT TO EXCEED 200 WORDS ENTITLED: "WHY I'M INTERESTED IN STUDYING THIS MEDICAL PROFESSION."** Essay should be placed in a plastic cover with applicant's name on the cover only.
- Applicant must have three (3) letters of recommendation from reliable individuals qualified to evaluate scholastic achievement and personal character, such as principals, teachers, student counselors, clergy, employers, or supervisors.

The names of the winning applicants will be announced at the Dept. WI VFW Auxiliary Convention June 11-14, 2025 held in Middleton.

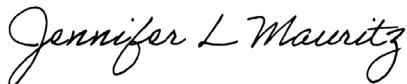
- Please send all items to me **before April 1, 2025.** (mailing address appears at the bottom of the application form).
- Adhere to all guidelines, as failure to include any of these items, along with the signed and dated application will result in automatic disqualification.

**Things to note:**

- Applicants may not receive more than one scholarship.
- The decision of the judges will be final.
- Please copy forms prior to mailing, as applications will not be returned following the judging.
- By increasing funds for this project, the VFWA will assist more medical students. We will help military family members pursue their dreams in fields which benefit Veterans and all of society.
- Questions or concerns call 715.383.8628, be sure to leave a message if I do not answer.

Together we can have a record-breaking year of awarding our future medical professionals. We are "Honoring Veterans Together" in 2024-2025 "From our Roots to our Branches – Extending Services to our Veterans"

Thank you,



Jennifer Mauritz  
Dept. Scholarship Chair  
715.383-8628  
[jmauritz922@gmail.com](mailto:jmauritz922@gmail.com)

**\*Mail completed applications with all supporting paperwork to:**

Jennifer Mauritz  
606 N Wood Ave  
Marshfield, WI 54449

**\*Mail donations earmarked LCMS to:**

Lenore Otto/Dept. WI Treasurer  
1383 W. Wisconsin Avenue  
Oconomowoc, WI 53066

Thank you, brothers and sisters, I appreciate you for your generous donations and for spreading the word about the Department of WI medical scholarships!

Veterans of Foreign Wars Auxiliary

Department of Wisconsin

Lillian Campbell Medical Scholarship and Paramedic Application 2024-2025

Please check one:  LILLIAN CAMPBELL ENTRY  PARAMEDIC ENTRY

Applicant's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian's/Spouse's Name: \_\_\_\_\_

If guardian is other than parents, with whom do you reside? \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_ Sons: \_\_\_\_\_ Daughters: \_\_\_\_\_

Are you a veteran? Yes  No  Name of Veteran in your immediate family: \_\_\_\_\_

What is your relationship to that Veteran? \_\_\_\_\_

Date graduated from High School \_\_\_\_\_ Are you a resident of Wisconsin? Yes  No

Do you plan to continue your Wisconsin residency after completion of this course? Yes  No

Are you a current card-carrying member of the Wisconsin VFW/VFW Auxiliary? Yes  No

IMPORTANT: Proof of financial status is required. Family adjusted gross income: (check one):

FAFSA  Income Tax Form

Please include any information which you think would be helpful to the committee:

\_\_\_\_\_

What technical school or college did/are attend/attending? \_\_\_\_\_

What is your Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Note: Applicant must submit an essay not to exceed 200 words, entitled "Why I'm interested in studying this medical profession." This essay should be typed and placed in a plastic folder with only the applicant's name on the cover. Include three (3) letters of recommendation. Please make a copy of your application before mailing, applications will not be returned.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Applicant: Completed application with required items must be mailed to: Jennifer Mauritz, Dept. WI Scholarship Chair; 606 N Wood Ave; Marshfield, WI 54449 and postmarked before April 1, 2025**

Sponsoring Auxiliary Name: \_\_\_\_\_ No. \_\_\_\_\_ District: \_\_\_\_\_

Local Auxiliary Chairperson's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_