

**COL. EDWIN L. OVERHOLT, M.D., FAMILY SCHOLARSHIP
FOR WISCONSIN VETERANS FUND**

This scholarship was established in 2010 by the Overholt Family in honor and memory of their father, Dr. Edwin L. Overholt. Dr. Overholt was sent to the front lines of the Korean War just days after the invasion began and only two years after becoming an MD, part of a task force of 500 against over 30 world-class tanks and thousands of infantry, and saved lives without regard for himself. He was only a captain then. He would give the US Army a career, and then another career to Gundersen Lutheran Health System. Throughout his civilian career, they affectionately called him "Colonel." (Ed Marek, 3/2/08)

CRITERIA:

1. Recipient must be a Wisconsin resident and enrolled full time at a UW System institution of higher learning
2. Recipient must be a veteran of the Armed Forces of the United States of America
3. Recipient must be enrolled and accepted into a program related to a healthcare field
4. Recipient must be in good academic standing
5. Recipient may be a freshman, sophomore, junior, senior or graduate student
6. Financial need will be considered
7. Must attach a copy of DD214

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

Section 1:

Name _____ Branch of Service: _____

Address _____ City/St/Zip _____ Phone _____

Which UW System School will you be attending fall 2013: _____ Major _____

What year will you be in school at the beginning of fall 2013: _____ Student ID : _____

Have you applied for financial aid through your school's financial aid office? ___ Yes ___ No

Email: _____

Section 2:

On a separate piece of paper type a short summary (no more than 300 words) about yourself, your career plans and why you should be awarded this scholarship.

The above information is correct and complete to the best of my knowledge. I understand, agree, and consent to the use by the selection committee of the information contained in and submitted with this application. I am aware that the letters of recommendation (when required) may be verified and references may be contacted. I understand any award made is contingent upon my enrollment at a UW System university as a full time student (unless otherwise stated) at the time the award is paid. I hereby state and affirm that I do meet all the criteria for the scholarship for which I am applying. I understand that awards from this application are being made for the next academic year payable in two equal installments in September and January. I further understand the Foundation and University reserve the right to publish names of scholarship recipients.

Signature _____ Date _____

Application deadline is annually on March 1st. Submit application to: Overholt Memorial Scholarship Committee, UW-La Crosse Foundation, 615 East Ave N, La Crosse, WI 54601 OR by email to solson@uwlax.edu. Please contact Sara Olson at 608.785.8491 if you have questions.