



The Dr. Michael K. Ouwenga Scholarship

Dr. Michael K. Ouwenga served the community of Quincy and the surrounding area as a urologist dedicated to improving the lives of his patients and collaborating closely with his colleagues at Quincy Medical Group. The Dr. Michael K. Ouwenga Scholarship will be awarded to a graduating high school senior in Quincy who will study in a healthcare-related field in college and exhibit the characteristics that Dr. Ouwenga embodied: scholarship, leadership, and service.



The Ouwenga Family wishes to honor his legacy each year by awarding \$5,000 to two high school seniors through the Quincy Medical Group Foundation. To qualify, applicants must:

- Be a graduating senior in Quincy (Quincy Senior High, Quincy Notre Dame High School, or a Quincy homeschool)
- Have a minimum 3.5 GPA
- Be involved in the community and extracurricular activities
- Plan to attend a 2- or 4-year school in a healthcare-related field

*Applications must be submitted and/or postmarked by **March 18, 2024**, for consideration by the Dr. Michael K. Ouwenga Scholarship Committee. Applicants will be notified of decisions in April.*

Please submit the following application form with attachments to:

Quincy Medical Group Foundation
The Dr. Michael K. Ouwenga Scholarship
1025 Maine Street
Quincy, IL 62301

For further information or questions, please contact qmgfoundation@quincymedgroup.com.



Please submit two letters of personal references (non-family) that speak to your character, future plans, volunteerism, etc. Reference letters should include contact information should we choose to contact them.

Name/Title:

Relationship:

Phone:

Email:

Name/Title:

Position:

Phone:

Email:

With your application, please attach the following:

- Resume
- Copy of high school transcript
- 500-word personal statement addressing:
 - Your education goals and career plans
 - Your involvement in community and extracurricular activities
 - Your leadership experience or goals
 - What receiving this scholarship would mean to you
 - Any other information you wish to have the Scholarship Committee consider

I have completed this application to the best of my knowledge. I agree that the Scholarship Committee may review my educational records to verify my eligibility. I agree to attend any function honoring scholarship donors and recipients. I agree to follow-up communication from the Scholarship Committee regarding verification of enrollment and academic progress. I consent to the use of my face and name in media, and will make myself available for announcement coverage, if chosen for the scholarship.

Applicant Signature: _____

Date: _____

For further information or questions, please contact qmgfoundation@quincymedgroup.com.