



MERCY IOWA CITY HEALTH CAREER SCHOLARSHIP APPLICATION

Dear Scholarship Applicant:

Application deadline: Friday, January 25, 2019

Thank you for your interest in the Health Career Scholarship Program provided by the Mercy Hospital Foundation.

Requirements for scholarship:

Every complete application received by the required deadline will be given a fair and careful evaluation.

- Minimum of 3.0 GPA
- Community volunteer experience
- Current transcript and ACT/SAT (if applicable) must be submitted with the application. Online transcripts will not be accepted.
- Attach one personal letter of reference
- **Seeking health occupation in following field (please check):**

Following the deadline, you will be notified whether or not you are selected for an interview.

- Nursing
- Pharmacy
- Radiology
- Respiratory Therapy
- Clinical Laboratory
- Surgical Technology
- Physical Therapy/Occupational Therapy/Speech Therapy

All applications become the property of Mercy Iowa City and cannot be returned.

Carefully review your application before submission as Mercy reserves the right to process only those applications found to be complete by the application postmark deadline.

Applicant Data

Last _____ First _____ Middle Initial _____
 Number _____ Street _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Email _____
 Telephone (_____) _____ Social Security Number _____

Parent/Guardian Information

Last _____ First _____ Middle Initial _____
 Work Telephone (_____) _____
 Parent a Mercy employee? _____

High School Data

School Name _____ Graduation Date (mm/yy) _____
 City _____ State _____ Telephone (_____) _____

Work Experience

Describe your work experience during the past four years (e.g. food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	Dates		Hours worked per week	Reason for leaving
	From-Month & Year	To-Month & Year		

Activities/Awards/Honors

List all school activities in which you have participated during the **past four years** (e.g. student govt., music, sports, etc). List all community activities in which you have participated without pay during the **past four years** (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors, and offices held.

School or Work Related

Activity	# of Years Partic.	Special Awards, Honors	Offices Held

Community Related

Activity	# of Years Partic.	Special Awards, Honors	Offices Held

Goals/Aspirations

Make a statement of your plans as they relate to your educational and career objectives and long-term goals. Include any life experiences that have influenced your decision to pursue a career in a health care field. Be sure to indicate which health occupation you plan to attend school for.

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format.

Transcripts An official transcript of grades and ACT/SAT scores (if applicable) must be sent with this application. Online transcripts are not acceptable.

<p>High school applicant rank _____</p> <p>In a class of _____</p> <p>HS cumulative GPA _____</p>
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High School Official's Signature _____ Title _____

Telephone (____) _____ Date _____

Application Checklist

The student is responsible for submitting all materials to Mercy Hospital on time. This application for a scholarship becomes complete and valid only when Mercy Hospital has received all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades (including grading scale)
- Personal Reference Letter

All materials, including transcript, must be addressed to:
Mercy Iowa City
Attention: Dawn Kueny, Education
500 East Market Street
Iowa City, IA 52245

SCHOLARSHIP DEADLINE: Friday, January 25, 2019

Postmark deadline: Wednesday, January 23, 2019

Mercy Hospital, Iowa City has the sole responsibility for selecting recipients based on the criteria as set forth in the Health Career flyer. This application becomes property of Mercy Hospital. (It is recommended that you keep a copy for your files).

I acknowledge decisions of Mercy Hospital are final. I certify that I meet the basic eligibility requirements of the program and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____