



HEALTHCARE SCHOLARSHIP APPLICATION
APPLICATION DEADLINE: April 1
Amount of scholarship: \$400.00 (Five will be awarded)

NAME _____ RANK _____ GRADE POINT _____

MAILING ADDRESS _____

PHONE _____ DATE OF BIRTH _____

PARENT OR GUARDIAN - NAME _____

MAILING ADDRESS _____

NUMBER OF DEPENDENTS AT HOME, INCLUDING APPLICANT _____ NUMBER PRESENTLY IN COLLEGE _____

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND _____

MEDICAL FIELD INTEREST _____

LIST THREE REFERENCES (NAMES, ADDRESSES & PHONE NUMBERS)

1. _____

2. _____

3. _____

WHAT OTHER FINANCIAL AID OR SCHOLARSHIPS WILL YOU BE RECEIVING?

PLEASE FILL IN THE BUDGET BELOW AS BEST YOU CAN FOR YOUR FIRST COLLEGE YEAR:

Table with 2 columns: EXPENSES and INCOME. Rows include Tuition & Fees, Books & Supplies, Board & Room, Travel & Other, Total, Personal Savings, Support from Parents, Scholarships Granted, Other Income, Total.

SCHOOL ACTIVITIES: _____ WHAT YEAR(S)? _____

LEADERSHIP DATA (OFFICES TO WHICH YOU'VE BEEN ELECTED OR APPOINTED):

DATE(S)

SPECIAL AWARDS OR HONORS RECEIVED:

DATE(S)

COMMUNITY OR CIVIC ACTIVITIES (CLUBS, VOLUNTEER ACTIVITIES, YOUTH GROUPS, CHURCH ACTIVITIES):

DATE(S)

JOBS / EMPLOYMENT:

DATE(S)

ONE (1) REFERENCE LETTER MUST ACCOMPANY THIS FORM.

PLEASE MAIL FORM AND LETTER TO:

**MERCY MEDICAL CENTER - NEW HAMPTON
ATTN: AUXILIARY
308 N MAPLE AVE
NEW HAMPTON, IOWA 50659**

**APPLICATION DEADLINE:
APRIL 1**

SCHOLARSHIPS WILL BE PAID AT THE BEGINNING OF THE SECOND SEMESTER OF THE NEXT SCHOOL YEAR, AFTER SUCCESSFUL COMPLETION OF THE FIRST SEMESTER & UPON STUDENT'S WRITTEN REQUEST.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE

APPLICANT'S SIGNATURE

DATE

ADDITIONAL APPLICATION FORMS CAN BE FOUND ON THE HOSPITAL WEBSITE: www.mercynewhampton.com