



VIANNA HOLSCHLAG
NURSING SCHOLARSHIP APPLICATION
(Amount: Approx. \$750 – \$1,500 - varies from year to year)
APPLICATION DEADLINE: April 1

NAME _____ 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 CURRENTLY ATTEND OR PLAN TO ATTEND: _____

MEDICAL FIELD / MAJOR: _____

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:

<u>EXPENSES</u>	<u>INCOME</u>
TUITION & FEES _____	PERSONAL SAVINGS _____
BOOKS & SUPPLIES _____	SUPPORT FROM PARENTS _____
BOARD & ROOM _____	SCHOLARSHIPS GRANTED _____
TRAVEL & OTHER _____	OTHER INCOME _____
TOTAL _____	TOTAL _____

EXPLAIN YOUR FUTURE GOALS, AND WHY YOU CHOSE THE FIELD OF STUDY YOU ARE ENTERING:

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**

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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