

## MERCY - IOWA CITY HEALTH CAREER SCHOLARSHIP APPLICATION

Dear Scholarship Applicant:

**Application deadline: Friday, January 26, 2018**

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

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

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

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.

Requirements for scholarship:

- 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):**

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

### 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		



**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 26, 2018**

*Postmark deadline: Wednesday, January 24, 2018*

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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 \_\_\_\_\_