APPLICATION FOR AUXILIARY SCHOLARSHIP
MERCYONE CENTERVILLE MEDICAL CENTER AUXILIARY

Application must be returned to committee by May 1. Please return completed application to Administration office at MercyOne Centerville Medical Center or mail to MercyOne Centerville Medical Center, ATTN: Sherri Doggett, One St. Joseph’s Drive, Centerville, IA 52544. Any questions regarding application, please contact Sherri Doggett at 641-437-3445.

*2 CHARACTER REFERENCES REQUIRED* Please forward the attached character reference form to 2 NON-FAMILY persons who can provide a reference for you. This form will be submitted separately by those references. Please DO NOT include with your application submission.

APPLICANT'S NAME_______________________________________________________

Date of Birth_____________________________________

Permanent Mailing Address: ___________________________________________

____________________________________________

____________________________________________

Phone Number: ______________________________

________________________________________

Signature     Date
APPLICANT BACKGROUND INFORMATION

High School attended: ____________________________

Year Graduated: ____________________

College(s) attended with dates: __________________________________________________________

__________________________________________________________________________________

Major: ____________________ Degree obtained: ____________________

College you are planning to attend or are currently attending: ____________________________

Have you been accepted for admission? _____Yes _____No

Comment: __________________________________________________________________________

Degree to be obtained: ________________________________________________________________

Other scholarship or financial aid already acquired: ______________________________________

__________________________________________________________________________________

Would you consider returning to Centerville, after graduation, to work in your field: _____Yes _____No

Have you received other education assistance from Mercy Center Auxiliary: _____Yes _____No

If yes explain including dates: ______________________________________________________

__________________________________________________________________________________

In the last year, have you done volunteer work or community service (please describe): _______________

__________________________________________________________________________________

List Work Experience: ___________________________________________________________________

____________________________________________________________________________________

Please share your inspiration for entering the field of health care and how the receipt of this scholarship would affect your reaching that goal (must be at least 250 words): Please attach a separate page.

Use additional blank pages where needed to explain any answers.