



**MERCYONE MEDICAL CENTER**  
**2025 NURSING SCHOLARSHIP APPLICATION**  
For Graduating High School Seniors Pursuing a Career in Nursing

**AWARDED BY:**  
**MERCYONE MEDICAL CENTER – DUBUQUE**

**PURPOSE:**

To provide scholarships to graduating high school seniors who plan to pursue a career in nursing.

**REQUIREMENTS:** Please submit the following documents for committee review.

1. Completed application form. Information must be typed. No handwritten documents will be considered.
2. Copy of high school transcript and class rank. A minimum 3.5 cumulative GPA is required to apply.
3. One letters of recommendation: must be from a teacher.
4. Personal essay (200-300 words) describing why you have decided to pursue a career in nursing.
5. Resume of activities including volunteer community activities.
6. Must be accepted by a 4-year college/university or a community college. Please identify the name of the college that you plan to attend on the application.

**SELECTION CRITERIA:**

A selection committee at Mercy Medical Center will choose the recipients of this scholarship based on the criteria described above.

**AWARD:**

A one-time award of \$1,250.00 will be paid directly to the college during the first semester of study.

**DEADLINE:**

The due date for scholarship applications is March 28, 2025. The student's application and transcript must be postmarked by March 28, 2025. Faxed or electronic copies will not be accepted. Any missing or handwritten documents will disqualify the application. Please submit your completed application and documents to:

MercyOne Medical Center  
Attention: Tessa White/Nursing Scholarship Committee  
250 Mercy Drive  
Dubuque, Iowa 52001

The Mercy Scholarship Committee will notify high schools and scholarship recipients by April 21, 2025.

\*An editable, electronic copy of this application is available online at  
<https://www.mercyone.org/dubuque/student-scholarship>

Please type in your information, print the application, and mail to the address above.



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**General Information:**

All information that is submitted must be typed. No handwritten documents will be considered.

Application deadline is March 28, 2025

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State. Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents Names: \_\_\_\_\_

High School you are currently attending: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

College/University or Community College you plan to attend: \_\_\_\_\_

\_\_\_\_\_

**Send completed application and documents to:**  
MercyOne Medical Center  
Attention: Tessa White/Nursing Scholarship Committee  
250 Mercy Drive  
Dubuque, Iowa 52001

