



## MercyOne Clinton Scholarship Application

Please type or print legibly. Incomplete applications will not be considered.

### **Contact Information:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. County: \_\_\_\_\_
5. Phone: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Number of Years in the Clinton Area: \_\_\_\_\_
8. Are you currently employed at MercyOne? ☐ Yes ☐ No  
If yes, please tell us your department: \_\_\_\_\_  
How long have you worked at MercyOne? \_\_\_\_\_  
Are you ☐ Full Time ☐ Part Time ☐ Casual (# of hours) \_\_\_\_\_
9. If you are not currently employed at MercyOne, have you been employed by MercyOne in the past? ☐ Yes ☐ No
10. Have you worked in a health care facility other than MercyOne? ☐ Yes ☐ No  
If yes, please provide the name of the health care facility: \_\_\_\_\_  
Please provide the dates of employment: \_\_\_\_\_

***Please fill out this section only if you are applying for the  
Patrick and Anna McKay or Thomas Hesselmann Scholarships:***

11. Please indicate the name of the MercyOne colleague you are related to:  
\_\_\_\_\_
12. What is your relationship to the colleague listed above? \_\_\_\_\_
13. What department does the above colleague work in? \_\_\_\_\_



### **Academic Information**

1. Please select the level you will be entering college:

☐ Freshman   ☐ Sophomore   ☐ Junior   ☐ Senior   ☐ Graduate Student

2. Please indicate how many college credit hours you currently have: \_\_\_\_\_

3. Please indicate your current grade point average (GPA): \_\_\_\_\_

4. Name of college or university you are planning to attend:

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Student ID Number \_\_\_\_\_

This college is a:   ☐ 2 year   ☐ 4 year   ☐ Other or unsure

5. Degree you will be pursuing   ☐ ADN   ☐ BSN   ☐ MSN   ☐ Other \_\_\_\_\_

6. Field of Study: \_\_\_\_\_

7. Expected date of college or university graduation: \_\_\_\_\_ (month/year).

8. Have you been accepted to this college: ☐ Yes   ☐ No

9. Is your application pending?   ☐ Yes   ☐ No

10. If you have marked no to question 8 and 9, please explain:

11. Please indicate if you will be enrolled:

☐ Full Time (12 hrs or more)   ☐ Part Time (6 – 12 hrs)   ☐ Less than Part Time (less than 6 hrs)

12. Have you received or applied to the MercyOne Clinton Tuition Reimbursement? ☐ Yes   ☐ No

13. If yes, please indicate the amount you have or will receive: \$ \_\_\_\_\_

14. Have you applied for other scholarships? ☐ Yes   ☐ No

15. Have you received other scholarships? ☐ Yes   ☐ No

If yes, please list from whom and how much you received:

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Please estimate your expenses for the School Year:

	<u>Fall Semester</u>	<u>Spring Semester</u>	<u>Total for Year</u>
Tuition and Fees	_____	_____	_____
Books and Supplies	_____	_____	_____
Totals	_____	_____	_____



### **Financial Information**

Please fill out the information below if you wish your financial information to be considered. All information is kept strictly confidential.

1. What is your total household income (include yourself, spouse, parents, etc.):

- ☐ Under \$10,000
- ☐ \$10,001 - \$30,000
- ☐ \$30,001 - \$50,000
- ☐ \$50,001 - \$70,000
- ☐ \$70,001 - \$90,000
- ☐ \$90,000 and above

2. What is your occupation \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

Parents occupation (if dependent) \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

Place of employment \_\_\_\_\_

3. Will you be working while attending school? ☐ Yes ☐ No

If yes, please check all that apply:

- ☐ Student Employment
- ☐ Full Time
- ☐ Part Time
- ☐ Other

4. Number of sisters / brothers at home: \_\_\_\_\_

5. Number of sisters / brothers in college: \_\_\_\_\_

6. Do you have dependents? ☐ Yes ☐ No if so, how many (not including yourself)? \_\_\_\_\_

7. Please explain any unusual circumstances or expenses you have that you would like the committee to consider:

The above information is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_