



**Friends of Cedar Falls Medical Center,
Friends of Waterloo Medical Center and
Gordon and Maria Wilson Education Scholarship
Application for educational assistance to pursue
a degree in a medical field**

All application information is required and confidential.

PERSONAL INFORMATION				
1.	Name			Date
2.	Age	SSN	Email	Telephone
3.	Address		City	State Zip
4.	High school attended		City	
5.	Year of graduation		Years attended	
6.	College credits earned	Institution		Date
7.	What is your medical career goal?			
8.	Selected institution or place of training			
9.	Yearly cost	Have you applied?	Have you been accepted?	
10.	Married?	Number of children under age 18		
11.	Do you have a connection to MercyOne?			

FINANCIAL INFORMATION - How are you going to fund your education?		
12.	Are you currently employed?	Where?
13.	Spouse employed?	Where?
14.	Have you applied for financial aid?	
15.	Will you work while attending college?	Are you enrolling full time?
16.	Amount of other scholarships and financial aid you will receive.	

Submit photo electronically by email to diane.jorgensen@mercyhealth.com. Application and ALL required documents must be in one packet; by mail to 3421 W. Ninth St., Waterloo, IA 50702 and received by midnight, March 1.