



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.