

MERCYONE Newton
AUXILIARY SCHOLARSHIPS – 2026

MercyOne Medical Center Auxiliary in Newton will be offering scholarships for students interested in pursuing an education in nursing and other health-related careers.

The following scholarships will be awarded:

- One (1) \$1,000 Lydia E. Swihart Nursing Scholarship for students pursuing a two-year associate nursing degree or a four-year degree nursing program
- One (1) \$1,000 Sterling and Maxine Swanger Nursing Scholarship
- One (1) \$1,000 scholarship (\$500 Janet and Joyce Slycord Nursing Scholarship plus \$500 matching from MercyOne Newton Auxiliary)
- One (1) \$1000 scholarship (\$500 nursing Scholarship in honor of Don & Dorothy Swihart plus \$500 matching from MercyOne Neton Auxiliary)
- One (1) \$1,000 scholarship (\$500 Nursing Scholarship in honor of Lois Vogel plus \$500 matching from MercyOne Newton Auxiliary)
- One (1) \$1,000 scholarship (\$500 Health-related Scholarship given in memory of Ronald R. Ross plus \$500 matching from MercyOne Newton Auxiliary)
- One (1) \$1,000 Ron Ross Healthcare Administration Scholarship from MercyOne Newton
- One (1) \$1,000 scholarship (\$500 Geneva Trost Field of Medicine Scholarship plus \$500 matching from MercyOne Newton Auxiliary)
- One (1) \$1000 scholarship (\$500 in honor of Eleanor Nolin, Nursing Scholarship plus \$500 matching from MercyOne Newton Auxiliary)
- Two (2) \$1,000 scholarships given to either a MercyOne Newton employee or immediate family member funded by the MercyOne NewtonAuxiliary (may be a non-Jasper County resident to qualify)
- Additional \$1,000 scholarships for students interested in pursuing an education in nursing and other health-related careers will also be awarded. Funded by proceeds raised in the MerchyOne Newton gift shop. The number available will be determined in March.

Eligibility: Any student living in Jasper County is eligible to apply. The student must have documented academic credibility.

The deadline for application is Tuesday March 24th,2026. Applications **MUST** be received by MERCYONE Newton Medical Center by this date to be considered for a scholarship.

Applicants are responsible for seeing that the application and all supporting documents are submitted by the deadline. MERCYONE Newton Medical Center Auxiliary reserves the right to not process applications found to be incomplete as of the application deadline date.

Mail to: MERCYONE Newton Medical Center
Auxiliary Scholarship
204 N. 4th Ave. E.
Newton, IA 50208

Questions regarding scholarships may be directed to: Barb Barr, Scholarship Chair 641-521-0512

Scholarship Committee: Kari Hemann– Auxiliary President
Barb Barr – Auxiliary Scholarship Chairperson
Chad Kelley, MercyOne Newton Medical Center
Chloe Jenkins, Foundation and Mission Manager, MercyOne Newton
Medical Center



MercyOne Newton Auxiliary Scholarship Application

APPLICANT DATA

Applicant's name:

Date of birth:

Are you a resident of Jasper County? Y or N

Do you have a parent/guardian who works at MercyOne Newton Medical Center? Y or N

Permanent address: _____

Cell number:

Email address:

Name of Parent/Guardian/Spouse:

Parent/Guardian/Spouse phone number:

Permanent mailing address of parent/guardian/spouse (if different from applicant):

SCHOOL DATA

High school attended: _____ Graduation Date (month & year) _____

Address: _____

Name of college for which applicant's scholarship is requested:

Address: _____

4 yr. College ☐ Community College ☐ Vocational/technical ☐ Other ☐

Enrolled: ☐ full-time ☐ half-time ☐ less than half-time

Year in college program during upcoming school year:

Undergraduate: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Graduate: 5 ☐ 6 ☐

Student will live: ☐ on campus ☐ off campus ☐ will commute

Anticipated date of graduation from college program: Month _____ Year _____

Degree to be obtained: _____

WORK EXPERIENCE: Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week.

Business & Position	Date from (Mo/Year)	Date to (Mo/Year)	Hours per week	Hourly wage

VOLUNTEERISM: Please list all community activities in which you have volunteered in the past four years. Be sure to include any volunteerism directly related to health care programs.

Organization	Dates	Position/Tasks

SCHOOL AND COMMUNITY ACTIVITIES: List all activities in which you have participated during the past 4 years (e.g. student government, music, sports, community, etc.). Also indicate all special awards and/or honors as a result of these activities.

Activity	# of years	Special awards or honors	Activity	# of years	Special awards or honors

PERSONAL STATEMENT: Please share your inspiration for entering the field of health care and make a statement of your plans as they relate to your career objectives and future goals.

SCHOLARSHIPS: Please list below the name and amount of any grants or scholarships that you have been awarded for the upcoming school year.

Name of scholarship	Amount	Granted	Pending

EXPLAIN YOUR FINANCIAL CIRCUMSTANCES: Do you expect to earn part of your cost of education? Please report any unusual family or personal circumstances you feel warrant attention. If you need more space, add a page at the end of the application.



TRANSCRIPT INFORMATION:

- **CURRENTLY ENROLLED COLLEGE STUDENTS:** Must include the most recent college or vocational/technical transcript of grades.
- **HIGH SCHOOL SENIORS:** Must include a high school transcript of grades and have the following section completed by the appropriate school official.

This section to be completed by appropriate high school official.

Student's high school GPA: _____ Student's ACT/SAT score: _____

I certify this data is from a current and official transcript.

School official's signature Title Date

School official's email address Phone number

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's signature Date

Return completed application by March 24, 2026, to:

MercyOne Newton Medical Center
Attn: Auxiliary Scholarship
204 N. 4th Avenue E.
Newton, IA 50208

PERSONAL REFERENCE

This is to be filled out by someone who is familiar with the applicant's accomplishments. This may include a teacher, employer, high school counselor, minister, or others familiar with the applicant. They are to provide the information by circling the most appropriate response, adding comments and returning to applicant.

1. The applicant's choice of a post-secondary education program is.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

2. The applicant's achievements reflect his/her ability.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

3. The applicant's ability to set realistic and attainable goals.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

4. The quality of the applicant's commitment to school and community is excellent.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

5. The applicant is good at building relationships.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

6. The applicant has strong leadership skills.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

7. I know the applicant very well.

No response	Below Average	Average	Above Average	Exceptional
1	2	3	4	5

Comments:

Name

Title

Date

Signature

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Comments:

Name

Title

Date

Signature

MercyOne Newton Auxiliary Application Procedure:

The following must be completed and submitted to the scholarship selection committee to be considered for a scholarship:

- ☐ **Application** completed.
- ☐ **Letter of admission** from an accredited college with the
- ☐ Program the student will be pursuing. If currently enrolled in an accredited college, this letter of admission is not required.
- ☐ **Transcript of Grades**
- ☐ **Two letters of reference:** This is to be filled out by someone who is familiar with the applicant's accomplishments. This may include a teacher, employer, high school counselor, minister or others familiar with the applicant.

Selection Guidelines:

The selection of the scholarship recipient will be based on the following criteria:

- Financial need
- Past Accomplishments (Grade point average, Work experience, or ACT score)
- Goals and Aspirations Statement Activities and Leadership
Personal References
- Unusual Circumstances
- ☐ Commitment to a Health Related Education program