



**SCHOLARSHIP APPLICATION  
APPLICATION DEADLINE: April 1**

The Friends of MercyOne New Hampton select scholarship recipients for two different awards. Please read the descriptions and select which scholarship you would like to apply for. Nursing students can select both if applicable.

Healthcare Scholarship (\$1,000, Awarding 4) - Available to graduating seniors or non-traditional students who reside in the MercyOne New Hampton service area. Applicants must plan to further their education in a health care field. Some qualifying fields of study include but are not limited to: medical records technicians (transcription and coding), pharmacy and pharmacy techs, laboratory techs, radiology techs, dietetics, physical/respiratory therapy, psychology/mental health, as well as nursing and pre-medicine. If you change your major to a non-healthcare field, you will forfeit the award.

Vianna Holschlag Nursing Scholarship (\$1,000 - \$2,000, Awarding 4) - Available to students from the MercyOne New Hampton service area who plan to receive higher education in the field of nursing. Applicants may be traditional or non-traditional students, entering or pursuing either an associate degree or a baccalaureate program in nursing.

NAME \_\_\_\_\_ CLASS RANK \_\_\_\_\_ GRADE POINT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Applicant must reside in the MercyOne New Hampton service area)

NUMBER OF SIBLINGS AND AGES \_\_\_\_\_ NUMBER OF SIBLINGS PRESENTLY IN COLLEGE \_\_\_\_\_

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND \_\_\_\_\_

ANTIPATED COLLEGE GRADUATION \_\_\_\_\_ (Month/Year)

HOW MANY COLLEGE CREDITS HAVE YOU RECEIVED TO DATE? \_\_\_\_\_

MEDICAL FIELD INTEREST \_\_\_\_\_

WHAT OTHER FINANCIAL AID OR SCHOLARSHIPS WILL YOU BE RECEIVING? Include if you qualify for Last Dollar Scholar.

PLEASE FILL IN THE BUDGET BELOW AS BEST YOU CAN FOR YOUR **FIRST/NEXT** COLLEGE YEAR:

<b><u>EXPENSES</u></b>	<b><u>INCOME</u></b>
TUITION & FEES _____	PERSONAL SAVINGS _____
BOOKS & SUPPLIES _____	SUPPORT FROM PARENTS _____
BOARD & ROOM _____	SCHOLARSHIPS GRANTED _____
TRAVEL & OTHER _____	OTHER INCOME _____
TOTAL _____	TOTAL _____

SCHOOL ACTIVITIES:

WHAT YEAR(S)?

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LEADERSHIP DATA (OFFICES TO WHICH YOU'VE BEEN ELECTED OR APPOINTED): DATE(S)

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SPECIAL AWARDS OR HONORS RECEIVED: DATE(S)

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COMMUNITY OR CIVIC ACTIVITIES (CLUBS, VOLUNTEER ACTIVITIES, YOUTH GROUPS, CHURCH ACTIVITIES): DATE(S)

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JOBS / EMPLOYMENT: DATE(S)

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PLEASE PROVIDE AN ESSAY EXPLAINING THE FOLLOWING:

WHY DID YOU DECIDE ON YOUR FIELD OF STUDY/CAREER PLANS?  
HOW WILL YOUR STUDIES CONTRIBUTE TO YOUR IMMEDIATE OR LONG-TERM CAREER PLANS?

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**PLEASE MAIL COMPLETED APPLICATION TO:**

MERCYONE NEW HAMPTON  
ATTN: FRIENDS OF MERCY  
308 N MAPLE AVE  
NEW HAMPTON, IOWA 50659

**APPLICATION DEADLINE:**  
**APRIL 1**

SCHOLARSHIPS WILL BE PAID AT THE BEGINNING OF THE SECOND SEMESTER OF THE NEXT SCHOOL YEAR, AFTER SUCCESSFUL COMPLETION OF THE FIRST SEMESTER & UPON STUDENT'S WRITTEN REQUEST. RECIPIENT IS RESPONSIBLE FOR PROVIDING A COPY OF THE 1<sup>ST</sup> SEMESTER TRANSCRIPT (ENSURE THE TRANSCRIPT INCLUDES THE COLLEGE NAME) TO THE ABOVE ADDRESS.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE

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**APPLICANT'S SIGNATURE**

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DATE

ADDITIONAL APPLICATION FORMS CAN BE FOUND ON THE HOSPITAL WEBSITE: [www.mercyone.org/newhampton](http://www.mercyone.org/newhampton)