



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 _____

ANTICIPATED 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:

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

SCHOOL ACTIVITIES:

WHAT YEAR(S)?

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

DATE(S)

SPECIAL AWARDS OR HONORS RECEIVED:

DATE(S)

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

DATE(S)

JOBS / EMPLOYMENT:

DATE(S)

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?

