

2027 APPLICATION FOR AUXILIARY SCHOLARSHIP
MERCYONE CENTERVILLE AUXILIARY

Application must be returned by **April 2.** Please return completed application to the Administration office at MercyOne Medical Center – Centerville or mail to **MercyOne Centerville Medical Center, ATTN: Barbara Brown, One St. Joseph Drive, Centerville, IA 52544 or by email: barbara.brown004@mercyoneiowa.org** If you have any questions, you may contact Barbara Brown, MercyOne Administrative Assistant at 641-437-3441.

2 CHARACTER REFERENCES REQUIRED **Please forward the attached character reference form to 2 NON-FAMILY persons who can provide a reference for you. This form will be submitted separately by those references. Please DO NOT include with your application submission.**

APPLICANT'S NAME_____

Date of Birth_____

Permanent Mailing Address: _____

_____

Email: _____

Phone Number: _____

_____
Signature Date

APPLICANT BACKGROUND INFORMATION

High School attended: _____

Year Graduated: _____

College(s) attended with dates: _____

_____

Major: _____ Degree obtained: _____

College you are planning to attend or are currently attending: _____

Have you been accepted for admission? _____Yes _____No

Comment: _____

Degree to be obtained: _____

Other scholarship or financial aid already acquired: _____

_____

Would you consider returning to Centerville, after graduation, to work in your field: _____ Yes _____ No

Have you received other education assistance from MercyOne Centerville Auxiliary: _____ Yes _____ No

If yes explain including dates: _____

_____

In the last year, have you done volunteer work or community service (please describe): _____

_____

_____

_____

List Work Experience: _____

_____

Please share your inspiration for entering the field of health care and how the receipt of this scholarship would affect you reaching that goal (must be at least 250 words): **Please attach a separate page.**

Use additional blank pages where needed to explain any answers.