**MercyOne Newton Auxiliary Scholarship Application**

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| **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):

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| **SCHOOL DATA** |

High school attended: Graduation Date (month & year)

Address:

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

Address:

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

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

Year in college program during upcoming school year:

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

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

Anticipated date of graduation from college program: Month Year

Degree to be obtained:

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| **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 |
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| **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 |
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| **SCHOOL AND COMMUNIY 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 |
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| **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. |
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| **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 |
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| **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. |
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**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.

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| **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

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| 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 26, 2024, to:**

MercyOne Newton Medical Center

Attn: Auxiliary Scholarship

204 N. 4th Avenue E.

Newton, IA 50208