



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 (\$750, Awarding 5) - 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.

Vianna Holschlag Nursing Scholarship (\$1,000, Awarding 5) - Available to students from the MercyOne New Hampton service area who plan to receive higher education in the field of 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:

Table with columns for EXPENSES and INCOME, listing items like TUITION & FEES, BOOKS & SUPPLIES, BOARD & ROOM, TRAVEL & OTHER, PERSONAL SAVINGS, SUPPORT FROM PARENTS, SCHOLARSHIPS GRANTED, OTHER INCOME, and 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?
