

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) - Av New Hampton service area. Applicants must plan to but are not limited to: medical records technicians (techs, dietetics, physical/respiratory therapy, psycho- non-healthcare field, you will forfeit the award.	o further their education in a health transcription and coding), pharma	h care field. Some qualifying fields of study include acy and pharmacy techs, laboratory techs, radiology	
	ursing. Applicants may be traditi	ents from the MercyOne New Hampton service area onal or non-traditional students, entering or pursuing	
NAME	CLASS RANK	GRADE POINT	
MAILING ADDRESS			
PHONE	DATE OF BIRTH		
COUNTY OF RESIDENCE(Applicant must reside in the Men	EMAIL ccyOne New Hampton service area)	:	
NUMBER OF SIBLINGS AND AGES	_ NUMBER OF SIBLINGS PRE	ESENTLY IN COLLEGE	
COLLEGE OR UNIVERSITY YOU PLAN TO A	TTEND		
ANTIPATED COLLEGE GRADUATION	(Mo	nth/Year)	
HOW MANY COLLEGE CREDITS HAVE YOU	RECEIVED TO DATE?		
MEDICAL FIELD INTEREST			
WHAT OTHER FINANCIAL AID OR SCHOLAR	SHIPS WILL YOU BE RECEIV	ING? Include if you qualify for Last Dollar Scholar.	
PLEASE FILL IN THE BUDGET BELOW AS BE	EST YOU CAN FOR YOUR <u>FIR</u>	RST/NEXT COLLEGE YEAR:	
TUITION & FEES	PERSONAL SAVIN	INCOME GS	
BOOKS & SUPPLIES	SUPPORT FROM P.		
BOARD & ROOM	SCHOLARSHIPS G		
TRAVEL & OTHER	OTHER INCOME_	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 A	ACTIVITIES):	DATE(S)
IODS / EMDI OVMENT.	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 CARE	ER PLANS?	

PLEASE MAIL COMPLETED APPLICATION TO: MERCYONE NEW HAMPTON ATTN: FRIENDS OF MERCY 308 N MAPLE AVE	APPLICATION DEADLINE: APRIL 1
NEW HAMPTON, IOWA 50659	
SUCCESSFUL COMPLETION OF THE FIRST SEMES'	OF THE SECOND SEMESTER OF THE NEXT SCHOOL YEAR, AFTE TER & UPON STUDENT'S WRITTEN REQUEST. RECIPIENT I MESTER TRANSCRIPT (ENSURE THE TRANSCRIPT INCLUDES TH
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRI	UE