

APPLICANT CHECKLIST

Interviews for MercyOne Scholars will not be scheduled until the following are received:

- Completed MercyOne Scholars' Application.
 - Cover Sheet
 - Academic Plan
 - Employment History
 - Consent Form
 - Financial Status Form
 - Program acceptance letter from educational program

Please submit the above six (6) forms together in one packet.

- Official transcripts from all previous college coursework. (High school transcripts not necessary if college transcripts are submitted.)
- Two (2) references from present or past employers, instructors, or guidance counselors.

Application deadlines for **nursing** programs only:

- May 31 for the fall semester
- November 30 for the spring semester

Applications that are incomplete will not be considered until the following term, if completed by that time.

No deadlines for other educational programs.

It is your responsibility to check the status of your transcripts and reference forms.

Please submit your application to Holly Burtness, HR Specialist. If you have questions, please contact Holly Burtness at 641-428-7839.

MERCYONE SCHOLARS' APPLICATION

MercyOne North Iowa Medical Center

Name:		Social Security Number:
Home Address:		City/State/Zip:
Telephone #:	Cell Phone #:	Email Address:
Total Tuition Dollars Requested: (For tuition only)		Total Stipend Dollars Requested: (For living allowance – select programs only)
Education Institution:		Total Dollars Requested: (Total of tuition and stipend dollars)
What degree are you pursuing? BE SPECIFIC:		Are you currently a MercyOne employee? Yes/No If yes, Supervisor's name:
How many classes _____/credits _____ do you need to complete this degree?		When is your anticipated graduation?
What experience in this field have you had?		

Please explain why MercyOne should consider you for the MercyOne Scholars' Program.
BE AS SPECIFIC AS POSSIBLE. IF NECESSARY, USE THE BACK OF THIS FORM OR ATTACH ANOTHER SHEET OF PAPER.

_____	_____
Applicant Signature	Date
_____	_____
If MercyOne Employee, Director/Manager's Signature	Date

ACADEMIC PLAN

Please list all classes required to complete your academic program.
If questions, please contact the Guidance Counselor at the college you will be attending for a complete list of classes required to obtain your educational goal.

Course Number/Class Name*	Semester Hours	Estimated Cost

Signature: _____

Date: _____

* - Number of classes/credits listed must match number listed on the 'Request for MercyOne Scholars' Program' form
Attach additional forms, if necessary.

MERCYONE SCHOLARS' EMPLOYMENT HISTORY

EMPLOYMENT				
1. Present or Most Recent Employer Employment Dates From _____/_____/_____ (month/year) To _____/_____/_____ (month/year)	Name of Employer		Address	
			City	
			State	Zip
	Your Position	Supervisor's Name	Telephone Number	
	Description of Work Performed			
	Reason for Leaving			
	May we contact this employer?			Yes No
2. Next Previous Employer Employment Dates From _____/_____/_____ (month/year) To _____/_____/_____ (month/year)	Name of Employer		Address	
			City	
			State	Zip
	Your Position	Supervisor's Name	Telephone Number	
	Description of Work Performed			
	Reason for Leaving			
	May we contact this employer?			Yes No
3. Next Previous Employer Employment Dates From _____/_____/_____ (month/year) To _____/_____/_____ (month/year)	Name of Employer		Address	
			City	
			State	Zip
	Your Position	Supervisor's Name	Telephone Number	
	Description of Work Performed			
	Reason for Leaving			
	May we contact this employer?			Yes i No

CONSENT FORM

PLEASE READ AND SIGN

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from the MercyOne Scholars' Program.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization's review of this application, release this organization and all providers of information from any liability as a result of furnishing and receiving this information.

Signature

Date

Current MercyOne Employee's Only

PLEASE READ AND SIGN

I hereby give my Department Director/Manager my permission to include any information on the attached reference form related to my last two performance evaluations that is deemed necessary for the completion of my reference. I understand that this reference form will be forwarded directly to Human Resources, and that this information will not be shared with me. I also understand that the sole purpose of this reference form is to assist the MercyOne Scholars' Committee to determine my eligibility to participate in the MercyOne Scholars' Program. Should I choose not to sign this form, I understand that my decision may result in the denial of my participation in the MercyOne Scholars' Program.

Employee Signature

Date

Financial Status Form

Name:	Social Security Number:
Address:	City, State, Zip
Phone Number:	Best Time To Reach You:
Marital Status:	Number of Dependents:
Educational Program:	Total Dollars Requested:
Current Work Status: <input type="radio"/> Full-Time <input type="radio"/> Part-Time; hours per week _____ <input type="radio"/> Not Working	Do you anticipate a change in work hours while attending school? <input type="radio"/> No <input type="radio"/> Yes; if yes, explain _____ _____
Current Salary:	Total Household Income:
Please list all scholarships you have applied for:	
Please list all scholarships you will receive:	
How much money are you requesting for a living allowance? \$_____	
Please explain why MercyOne should provide a living allowance to you and why a living allowance in the amount you are requesting should be approved. (Use additional paper if necessary.)	
I agree that the information provided above is true and accurate to the best of my knowledge.	
Signature:	Date:

MERCYONE SCHOLARS' REFERENCE FORM

(References will not be accepted from friends, family members, or co-workers.)
(If MercyOne employee, references must be from Supervisor and Director/Manager.)

Applicant's Name: _____

The more specific you can be will ensure that quality applicants for the MercyOne Scholar's Program will receive assistance.

How do you know the Applicant?

Applicant's Strengths/Assets:

Applicant's Areas for Development:

Would you recommend this Applicant to be considered for the MercyOne Scholars' Program?
Why or why not?

**NOTE: Please send this form in a confidential envelope to Human Resources —
MercyOne Scholar's Program. DO NOT return to the Applicant requesting reference!**

Signature (required):

Date:

Please Print Name:

MERCYONE SCHOLARS' REFERENCE FORM.

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(If Mercy employee, references must be from Supervisor and Director/Manager.)

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The more specific you can be will ensure that quality applicants for the MercyOne Scholars Program will receive assistance.

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Signature (required):

Date:

Please Print Name: