



MercyOne Clinton Scholarship Application

Please type or print legibly. Incomplete applications will not be considered.

Contact Information:

1. Name: _____

2. Address: _____

3. City, State, Zip: _____

4. County: _____

5. Phone: _____

6. Email Address: _____

7. Number of Years in the Clinton Area: _____

8. Social Security Number _____ - _____ - _____

9. Are you currently employed at MercyOne? Yes No

If yes, please tell us your department: _____

How long have you worked at MercyOne? _____

Are you Full Time Part Time Casual (# of hours) _____

10. If you are not currently employed at MercyOne, have you been employed by MercyOne in the past? Yes No

11. Have you worked in a health care facility other than MercyOne? Yes No

If yes, please provide the name of the health care facility: _____

Please provide the dates of employment: _____

Please fill out this section only if you are applying for the Patrick and Anna McKay Scholarship:

12. Please indicate the name of the MercyOne colleague you are related to:

13. What is your relationship to the colleague listed above? _____

14. What department does the above colleague work in? _____



Academic Information

1. Please select the level you will be entering college:

Freshman Sophomore Junior Senior Graduate Student

2. Please indicate how many college credit hours you currently have: _____

3. Please indicate your current grade point average (GPA): _____

4. Name of college or university you are planning to attend:

City _____ State _____

This college is a: 2 year 4 year Other or unsure

5. Degree you will be pursuing ADN BSN MSN Other ____

6. Field of Study: _____

7. Expected date of college or university graduation: _____(month/year).

8. Have you been accepted to this college: Yes No

9. Is your application pending? Yes No

10. If you have marked no to question 8 and 9, please explain:

11. Please indicate if you will be enrolled:

Full Time (12 hrs or more) Part Time (6 – 12 hrs) Less than Part Time (less than 6 hrs)

12. Have you received or applied to the MercyOne Clinton Tuition Reimbursement? Yes No

13. If yes, please indicate the amount you have or will receive: \$ _____

14. Have you applied for other scholarships? Yes No

15. Have you received other scholarships? Yes No

If yes, please list from whom and how much you received:

Please estimate your expenses for the School Year:

	<u>Fall Semester</u>	<u>Spring Semester</u>	<u>Total for Year</u>
Tuition and Fees	_____	_____	_____
Books and Supplies	_____	_____	_____
Totals	_____	_____	_____



Financial Information

Please fill out the information below if you wish your financial information to be considered. All information is kept strictly confidential.

1. What is your total household income (include yourself, spouse, parents, etc.):

- Under \$10,000
- \$10,001 - \$30,000
- \$30,001 - \$50,000
- \$50,001 - \$70,000
- \$70,001 - \$90,000
- \$90,000 and above

2. What is your occupation _____

Spouse's occupation _____

Parents occupation (if dependent) _____

Are you currently employed? Yes No

Place of employment _____

3. Will you be working while attending school? Yes No

If yes, please check all that apply:

- Student Employment
- Full Time
- Part Time
- Other

4. Number of sisters / brothers at home: _____

5. Number of sisters / brothers in college: _____

6. Do you have dependents? Yes No if so, how many (not including yourself)? _____

7. Please explain any unusual circumstances or expenses you have that you would like the committee to consider:

The above information is accurate to the best of my knowledge.

Signature _____ Date _____