

## 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.

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New Hampton service area. Applicants must plan to	further their education in a healt ranscription and coding), pharma	ion-traditional students who reside in the MercyOne h care field. Some qualifying fields of study include acy and pharmacy techs, laboratory techs, radiology ursing and pre-medicine.
	ursing. Applicants may be tradit	ents from the MercyOne New Hampton service area ional or non-traditional students, entering or pursuing
NAME	CLASS RANK	GRADE POINT
MAILING ADDRESS		
PHONE		
COUNTY OF RESIDENCE	EMAIL cyOne New Hampton service area)	<i>:</i> :
NUMBER OF DEPENDENT CHILDREN AT HO	ME, INCLUDING APPLICANT	Γ
NUMBER PRESENTLY IN COLLEGE	_	
COLLEGE OR UNIVERSITY YOU PLAN TO AT	TTEND	
ANTIPATED COLLEGE GRADUATION	(Mo	onth/Year)
MEDICAL FIELD INTEREST		
WHAT OTHER FINANCIAL AID OR SCHOLAR:	SHIPS WILL YOU BE RECEIV	TNG? Include if you qualify for Last Dollar Scholar.
PLEASE FILL IN THE BUDGET BELOW AS BE	ST YOU CAN FOR YOUR <u>FII</u>	RST/NEXT COLLEGE YEAR:
TUITION & FEES	PERSONAL SAVIN	INCOME IGS
BOOKS & SUPPLIES	SUPPORT FROM PARENTS	
BOARD & ROOM		
TRAVEL & OTHER		
TOTAL	TOTAL	
SCHOOL ACTIVITIES:		WHAT YEAR(S)?

LEADERSHIP DATA (OFFICES TO WHICH YOU'VE BEEN ELECTED OR APPOINTED):  DATE	TE(S)
SPECIAL AWARDS OR HONORS RECEIVED:  DATE	<u>E(S)</u>
COMMUNITY OR CIVIC ACTIVITIES (CLUBS, VOLUNTEER ACTIVITIES, YOUTH GROUPS, CHURCH ACTIVITIES	<u>DATE(S)</u>
JOBS / EMPLOYMENT: DATE	( <u>S)</u>
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 PLAN	S?

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PLEASE MAIL COMPLETED APPLICATION TO MERCYONE NEW HAMPTON ATTN: FRIENDS OF MERCY 308 N MAPLE AVE	O:  APPLICATION DEADLINE: APRIL 1
NEW HAMPTON, IOWA 50659	
SUCCESSFUL COMPLETION OF THE FIRST SE	ING OF THE SECOND SEMESTER OF THE NEXT SCHOOL YEAR, AFTER EMESTER & UPON STUDENT'S WRITTEN REQUEST. RECIPIENT IS $1^{\mathrm{st}}$ SEMESTER TRANSCRIPT (ENSURE THE TRANSCRIPT INCLUDES THE
I CERTIFY THAT THE ABOVE STATEMENTS AR	E TRUE
	APPLICANT'S SIGNATURE DATE
	INTERIOR DATE