

MERCY - IOWA CITY HEALTH CAREER SCHOLARSHIP APPLICATION

Dear Scholarship Applicant:

Thank you for your interest in the Health Career Scholarship Program provided by Mercy Hospital, Iowa City.

Every complete application received by the required deadline will be given a fair and careful evaluation. All information will be held in strict confidence. Following the deadline, you will be notified whether or not you are selected for an interview.

All applications become the property of Mercy Hospital and cannot be returned.

Things to remember in applying for a scholarship:

- The application deadline is Friday, January 15, 2010.
- A current High School transcript and ACT/SAT scores are required and must be submitted with the application. Online transcripts and grades will not be accepted.
- Carefully review your completed application before it is submitted. Mercy reserves the right to process only those applications found to be complete by the application postmark deadline.
- Attach one personal letter of reference, which should also include a phone where that person may be reached.

Applicant Data

Last _____ First _____ Middle Initial _____
 Number _____ Street _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Email _____
 Telephone (_____) _____ Social Security Number _____

Parent/Guardian Information

Last _____ First _____ Middle Initial _____
 Work Telephone (_____) _____
 Parent a Mercy employee? _____

High School Data

School Name _____ Graduation Date (mm/yy) _____
 City _____ State _____ Telephone (_____) _____

Work Experience

Describe your work experience during the past four years (e.g. food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	Dates		Hours worked per week	Reason for leaving
	From-Month & Year	To-Month & Year		

Applicant Appraisal (Required)

(To be completed by a high school counselor/advisor, an instructor, or a work supervisor who knows you well).

You have been asked to provide information in support of this application. Please give attention to the following statements. When complete, please return to applicant, or if you prefer, photocopy this section and return in a sealed envelope. *A letter of recommendation does not replace this section.*

The applicant's choice of post-secondary educational program is Extremely Appropriate Very Appropriate Moderately Appropriate

The applicant's achievements reflect his/her ability Extremely Well Very Well Moderately Well Not Well

The applicant's ability to set and attain goals is Excellent Very Good Fair Poor

The quality of the applicant's commitment to school and community is Excellent Very Good Fair Poor

The applicant is able to seek, find, and use learning resources Excellent Very Good Fair Poor

The applicant demonstrates curiosity and initiative Excellent Very Good Fair Poor

The applicant demonstrates good problem solving skills, follows through, and completes tasks Excellent Very Good Fair Poor

The applicant's respect for self & others is Excellent Very Good Fair Poor

**Application
Checklist**

The student is responsible for submitting all materials to Mercy Hospital on time. This application for a scholarship becomes complete and valid only when Mercy Hospital has received all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades
(including grading scale)
- Personal Reference Letter

All materials, including transcript, must be addressed to:
Mercy Hospital, Human Resources
Attention: Andrea Meyer
500 East Market Street
Iowa City, IA. 52245

SCHOLARSHIP DEADLINE: Friday, January 15, 2010

Postmark deadline: Wednesday, January 13, 2010

Mercy Hospital, Iowa City has the sole responsibility for selecting recipients based on the criteria as set forth in the Health Career flyer. This application becomes property of Mercy Hospital. (It is recommended that you keep a copy for your files).

I acknowledge decisions of Mercy Hospital are final. I certify that I meet the basic eligibility requirements of the program and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____