

2019 Scholarship Application



Scholarship Applicant;

Thank you for your interest in the Mercyhealth Scholarship Program!

Mercyhealth has a passion for making lives better and we take great pride in encouraging and supporting students who are pursuing a career health care.

We are excited to present the 2019 Mercyhealth Scholarship Application packet with information regarding Mercyhealth's 20 scholarship opportunities for higher education in healthcare fields.

Mercyhealth Community Scholarship

Seven - \$2000 scholarships to graduating seniors or individuals already enrolled in College Programs in all Wisconsin and Illinois Mercyhealth service areas – **five** general healthcare careers and **two** specifically for nursing.

Mercyhealth Minority/Veteran Scholarship

Two - \$2000 scholarships to minority or veteran individuals residing in all Wisconsin and Illinois Mercyhealth service areas pursuing secondary education in a healthcare

Mercyhealth Ethnic Minority Nursing Scholarship

Three - \$2000 ethnic Minority individuals pursuing a nursing degree residing in all Wisconsin and Illinois Mercyhealth service areas. Student must also be fluent in Spanish.

Mercyhealth Janesville Medical Staff

Six \$1000 scholarships to graduating seniors in the following communities: Janesville, Milton, Beloit, Whitewater, Edgerton, Walworth (Big Foot), Brodhead, Delavan, and Evansville

Mercyhealth Harvard Medical Staff

Two \$1000 scholarships to graduating seniors at Harvard High School – **one female, one male**

In order to qualify for consideration, you must have a minimum grade point average of 2.5 on a 4.0 scale and accepted into or are currently attending an Accredited 2 or (preferable) 4 year College or University.

Partners of Mercyhealth are eligible to apply for the Minority/Veteran and Ethnic Minority Nursing Scholarships. Mercyhealth partners who receive these scholarships remain eligible for other types of education assistance from Mercyhealth.

To avoid conflicts, scholarships will not be granted to candidates who are employed or attending competitive area hospitals programs.

Required documentation:

1. A completed Mercyhealth Scholarship Application. Please fill in all blanks. "NA" may be entered in spaces that are not applicable. The application form must be received by **February 8, 2019**.
2. Include your official High School or College transcript and your school Counselor signature.
3. We require **two** letters of recommendation including one academic. Two letters of recommendation, one from an academic source and one from an extra-curricular source who knows the applicant well.
4. A 750 word essay discussing why you have chosen healthcare as a career, your goals for the future and how this scholarship will help you meet your goals. This is an opportunity for you to provide insight into your story and distinguish yourself from other applicants!

All scholarships applications must be received by **February 8, 2019**, without exception. Incomplete applications will not be considered. **Please DO NOT mail anything that should be sent with this application separate**. Everything must be sent in and received together. If anything is missing your application will be considered incomplete.

Mail completed applications and required documentation to:

Kelly Schmig, HR Business Partner Assistant
Mercyhealth Corporation
PO Box 5003
Janesville, WI 53547

If you have any additional questions, please contact Kelly Schmig at 608-314-2323 or kschmig@mhemail.org.

Thank you for your interest in the Mercyhealth Scholarship Program.

Best of Luck,



Mercyhealth 2019 Scholarship Application

The following information must be **typed or written in ink**. The application will be used to determine scholarship qualifications. Information provided will be held confidential.

The application deadline is **February 8, 2019**.

Check the following scholarships that you would like to be considered for:

- Mercyhealth Community Scholarship
- Mercyhealth Minority/Veteran Scholarship
- Mercyhealth Ethnic/Minority Nursing Scholarship
- Mercyhealth Janesville Medical Staff Scholarship
- Mercyhealth Harvard Medical Staff Scholarship

Section 1: Personal Data

Name _____
Last First M.I.

Mailing Address _____

City State Zip

Telephone Email Address

School and Complete Address Phone Number

Ethnic Origin: Hispanic or Latino Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Two or More Races White Caucasian

I am fluent in the following languages: _____

Military Veteran Status: I am a Military Veteran I am Not a Military Veteran

How did you hear about the scholarship?

School Counselor Mercy Employee Newspaper Other

If employee referral, please list his/her name & relationship: _____

Enrollment Status Fall of 2019 Full – Time Part – Time

Name of College /University Attending Fall of 2019

Proposed Major

**Section 2:
School and Community Activities and Special Awards/Recognitions**

Please list your activities in school, in the community (church, community, other). List awards and or special recognition. If you need more space, you may include an attachment. You may also provide your resume. Please indicate this in the boxes below.

School Activities

Organization	Member/Office Held	Year

Community Activities

Organization	Participation	Year

Special Honors and/or Awards

Honor/Award	Year	Honor/Award	Year

**Section 3: Counselor Information
(To be filled in and signed by your Counselor)**

Attach your official school transcript.

Class Rank ____/____ Cumulative grade point average _____

ACT Test Score _____ SAT Test Score _____

Counselor's Signature (required) _____

**Section 4:
Letters of Recommendation**

Please attach two typewritten letters of recommendation from individuals who have known you for two or more years, have observed your leadership skills, and can attest to your academic ability, character, and potential to accomplish your goals. We require two letters of recommendation including one academic. Please attach the letters to this application and indicate the names and titles below:

Name _____ Title _____

Name _____ Title _____

**Section 5:
Employment**

Please list current and prior employment and the dates.

Employer	Job Position	Dates

**Section 6:
Narrative / Signature**

Pease attach a 750-word essay discussing why you have chosen healthcare as a career, your goals for the future and how this scholarship will help you meet your goals.

This is an opportunity for you to provide insight into your story and distinguish yourself from other applicants!

Application Complete?

Please ensure you have completed and are including the following before you mail or drop off your application.

- Answer all the questions in the application
- Attach your school transcript. Make sure your school Counselor signed the application.
- Two letters of recommendation
- Attach your 750 word essay

Please DO NOT mail anything that should be sent with this application separate. Everything must be sent in and received together. If anything is missing your application will be considered incomplete.

Applicant's Signature _____ Date _____