MercyOne Newton Medical Center Auxiliary Scholarship Application (PLEASE PRINT OR TYPE)

APPLICANT DATA			
Name (last) (t	îrst)	(middle initial)	
Permanent Address (street)	(city)	(state)	(zip)
Date of Birth (month, date, year)	Cell Number		
Name of Parent/Guardian/Spouse			
Place of Employment-Position Parent/Guardian/Spouse			
Location (city)	(stat	e)	(zip)
Permanent mailing address of parent/g	juardian/spouse if		
different from applicant(street)	(city) (state) (zip)
Cell Number	Home N	umber	
Number of Brot	hers & Sisters or Dependents		
Total number of family members attend			school year
INCOME, EXPENSE & ASSET DATA	• • •	-	· · · · · · · · · · · · · · · · · · ·
	\$		8
\$ Family Income Per Year	\$ Value of Real Property	S	Value of Other Assets
\$ Family Income Per Year Amount of Debts & Encumbrances \$			
\$ Family Income Per Year			
\$ Family Income Per Year Amount of Debts & Encumbrances \$			
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended</pre>			_
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA</pre>		Graduation Date	_
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended Address</pre>	other sources? (city) (state	Graduation Date	 MoYr
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended Address (street)</pre>	other sources? (city) (state	Graduation Date	 MoYr
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended Address (street) Name of High School Principal</pre>	other sources? (city) (state	Graduation Date) (zip) equested: 4yr. Colle	 MoYr Phone Number ge/University □ Vo-Tech □
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended Address (street) Name of High School Principal Name of post-secondary school for wh</pre>	other sources? (city) (state ich applicant's scholarship is r	Graduation Date ;) (zip) equested: 4yr. Colle Communi	MoYr Phone Number
<pre>\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended Address (street) Name of High School Principal Name of post-secondary school for wh</pre>	other sources? (city) (state ich applicant's scholarship is r	Graduation Date ;) (zip) equested: 4yr. Colle Communi	Yr MoYr Phone Number ge/University □ Vo-Tech □ ty College □ Other □ d? Yes □ No □
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\$ Family Income Per Year Amount of Debts & Encumbrances \$ What percent of help will you get from SCHOOL DATA High School Attended Address (street) Name of High School Principal Name of post-secondary school for wh Address (city) Year in post-secondary program during	other sources? (city) (state ich applicant's scholarship is r (state) g coming school year: Undergi	Graduation Date ;) (zip) equested: 4yr. Colle Communi Accredite	Yr MoYr Phone Number ge/University □ Vo-Tech □ ty College □ Other □ d? Yes □ No □
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POSIT	TION		DATE F (MO/		DATE TO (MO/YR)		RS PER EEK	HOURLY WAGE
List all school activities in w Community activities in whi Indicate all special awards,	ich you have particip	bated with	nout pay d	uring the p	oast 4 years (e.g.	overnmen , church wo	t, music, spo ork, voluntee	rts, etc.). List all r work). Also
ACTIVITY	# of Years participated	AWAF	ECIAL RDS OR NORS		ACTIVITY		of Years articipated	SPECIAL AWARDS OF HONORS
Make a statement of your p	lans as they relate t	o your e	ducational	and caree	er objectives and f	uture goals	S.	
Please report any unusual f	family or personal ci	ircumstar	nces you fe	eel warran	t attention.			
	and amount of any	grants o	r scholarsl	nips that y	ou have been awa	arded for th	ne coming sc	hool year.
Please list below the Name	e and amount of any F AWARD	grants o		nips that y MOUNT		arded for th	ne coming sc	hool year. PENDING
Please list below the Name		grants o					ne coming sc	
OTHER AWARDS Please list below the Name NAME OF		grants o					ne coming sc	

CURRENTLY ENROLLED COLLEC TRANSCRIPT OF GRADES.	CURRENTLY ENROLLED COLLEGE STUDENTS - MUST INCLUDE MOST RECENT COLLEGE OR VO-TECH TRANSCRIPT OF GRADES.						
HIGH SCHOOL SENIORS - MUST I FOLLOWING SECTION COMPLET				AND HAVE THE			
Applicant Ranks	_in a class of	_					
Cumulative grade point average							
SAT Comp	%						
ACT Comp	%						
I certify this data is from a current and of	ficial transcript.						
School Official's Signature	Date		Title	Telephone			
School Official's Address	(street)	(city)	(state)) (zip)			

	TION, I CERTIFY THAT THE INFORMATION IY KNOWLEDGE. FALSIFICATION OF INFO ARSHIP GRANTED.	
Applicant's Signature		Date
RETURN COMPLETED APPLICATIO	ON BY MARCH 31, 2021 TO: MercyOne Newton Medical Center Attn: Auxiliary Scholarship 204 N 4th Avenue E Newton, IA 50208	

PERSONAL REFERENCE

This is to be filled out by someone who is familiar with the applicant's accomplishments. This may include a teacher, employer, high school counselor, minister, or others familiar with the applicant.

You have been asked to provide information in support of this scholarship application. Please circle the most appropriate response, add comments, and return to the applicant.

1. The applicant's choice of a post-secondary education program is:

Inappropriate		Extremely Appropriate		
1	2	3	4	5

2. The applicant's achievements reflect his/her ability:

Inappropriate			Extremely Appro	priate
1	2	3	4	5

3. The applicant's ability to set realistic and attainable goals is excellent:

Inappropriate				Extremely Appro	priate
	1	2	3	4	5

4. The quality of the applicant's commitment to school and community is excellent:

Inappropriate			Extremely Appro	priate
1	2	3	4	5

5. I know the applicant very well:

Inappropriate			Extremely Appropriate		
1	2	3	4	5	

Comments:

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Comments: