

MercyOne Newton Medical Center Auxiliary Scholarship Application

(PLEASE PRINT OR TYPE)

APPLICANT DATA

Name (last) _____ (first) _____ (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) _____ (state) _____ (zip) _____

Permanent mailing address of parent/guardian/spouse if
different from applicant _____
(street) _____ (city) _____ (state) _____ (zip) _____

Cell Number _____ Home Number _____

Number of Brothers & Sisters or Dependents _____

Total number of family members attending a post-secondary school at least half time during the next school year _____

INCOME, EXPENSE & ASSET DATA

\$ _____ Family Income Per Year \$ _____ Value of Real Property \$ _____ Value of Other Assets

Amount of Debts & Encumbrances \$ _____

What percent of help will you get from other sources? _____

SCHOOL DATA

High School Attended _____ Graduation Date Mo. _____ Yr. _____

Address _____
(street) _____ (city) _____ (state) _____ (zip) _____ Phone Number _____

Name of High School Principal _____

Name of post-secondary school for which applicant's scholarship is requested:

4yr. College/University Vo-Tech
Community College Other
Accredited? Yes No

Address _____
(city) _____ (state) _____ (zip) _____

Year in post-secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will live: on campus off campus will commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from post-secondary program: Mo. _____ Yr. _____

Major field of study applicant plans to pursue _____

PERSONAL DATA - Describe your work experience during the **past 4 years**. Indicate dates of employment in each job, and approximate number of hours worked each week. List total amounts earned at each job.

POSITION	DATE FROM (MO/YR)	DATE TO (MO/YR)	HOURS PER WEEK	HOURLY WAGE

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). List all Community activities in which you have participated without pay during the **past 4 years** (e.g., church work, volunteer work). Also indicate all special awards, honors as a result of school or community activities.

ACTIVITY	# of Years participated	SPECIAL AWARDS OR HONORS	ACTIVITY	# of Years participated	SPECIAL AWARDS OR HONORS

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the Name and amount of any grants or scholarships that you have been awarded for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

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 Appropriate
1	2	3	4	5

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

Inappropriate				Extremely Appropriate
1	2	3	4	5

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

Inappropriate				Extremely Appropriate
1	2	3	4	5

5. I know the applicant very well:

Inappropriate				Extremely Appropriate
1	2	3	4	5

Comments:

Reference's Signature Title Date Best Contact Number

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Comments:

Reference's Signature

Title

Date

Best Contact Number