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

TRANSCRIPT INFORMATION:

CURRENTLY ENROLLED COLLEGE STUDENTS - MUST INCLUDE MOST RECENT COLLEGE OR VO-TECH TRANSCRIPT OF GRADES.

HIGH SCHOOL SENIORS - MUST INCLUDE A HIGH SCHOOL TRANSCRIPT OF GRADES AND HAVE THE FOLLOWING SECTION COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL.

Applicant Ranks_____in a class of _____

Cumulative grade point average_____

SAT -_____ Comp._____%

ACT -_____ Comp._____%

I certify this data is from a current and official transcript.

School Official's Signature Date Title Telephone

School Official's Address (street) (city) (state) (zip)

IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.

Applicant's Signature **Date**

RETURN COMPLETED APPLICATION 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 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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