

MERCY AUXILIARY SCHOLARSHIP APPLICATION

Eligibility

Any U.S. citizen enrolled in a full-time undergraduate health care field may apply. This usually means, the junior or senior year of college.

Two grants in the sum of \$500 each will be awarded each year.

Applicants must have maintained a minimum 3.0 GPA. However, special circumstances will be considered on a case basis.

Applications for the fall semester (August), and all accompanying materials must be submitted to the scholarship committee no later than June 1.

Applicant Responsibilities

Complete the application form.

Submit three (3) letters of recommendation (not family members or school friends).

Write a letter telling about yourself, any experience you may have had in your chosen field, your studies and your educational goals. Include anything else you consider helpful.

Copies of applicable transcripts.

The admission letter from the educational institution.

Submit the completed application and all accompanying documents by the appropriate deadline to:

Mercy Auxiliary Scholarship Committee
Glenna Lawrence
209 Crestview Drive
Independence, Kansas 67301
620-331-0745

The committee will meet soon after the deadline, and act upon the recommendations. You will be notified as quickly as possible. All awards are made directly to the school.

If there are questions, please feel free to contact me at the above phone number.

MERCY AUXILIARY SCHOLARSHIP APPLICATION

DATE:

NAME:

HOME ADDRESS:

HOME PHONE AND CELL PHONE:

E-MAIL ADDRESS (IF APPLICABLE):

DATE OF BIRTH:

APPROXIMATE ANNUAL HOUSEHOLD INCOME:

EMPLOYMENT EXPERIENCE AND DATES (IF APPLICABLE):

NAME AND DATES OF HIGH SCHOOL AND COLLEGE ATTENDED:

GRADE POINT AVERAGES OF SCHOOLS ATTENDED:

NAME AND MAILING ADDRESS OF PRESENT SCHOOL:

SCHOOL STUDENT ID NUMBER:

LIST SCHOLARSHIPS OR GRANTS RECEIVED AND AMOUNTS:

SIGNATURE: