2022 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 2022 Mercyhealth Scholarship Application packet with information regarding Mercyhealth's scholarship opportunities for higher education in healthcare fields.

Mercyhealth Ethnic Minority Nursing Scholarship

Three - \$1000 ethnic Minority individuals pursing 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 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 March 18, 2022.

- 2. Include your official High School or College transcript and your school Counselor signature (high school only).
- 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 March 18, 2022, 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 2022 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 March 18, 2022.

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

- Mercyhealth Ethnic/Minority Nursing Scholarship
- □ Mercyhealth Janesville Medical Staff Scholarship
- □ Mercyhealth Harvard Medical Staff Scholarship

Section	1: Personal Data	
Name Last	First	<u> </u>
Mailing Address		
City	State	Zip
Telephone	Email Address	
School and Complete Address		Phone Number
Ethnic Origin: Hispanic or Latino American Indian or Al	laskan Native 🖵 Native	an 🖵 Asian Hawaiian or Pacific Islander
I am fluent in the following languages:		
How did you hear about the scholarship	p?	
School Counselor	mployee	Other
If employee referral, please list his/her	name & relationship:	
Enrollment Status Fall of 2022	Full – Time	Part – Time

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_____