



MERCY MEDICAL CENTER
2010 NURSING SCHOLARSHIP APPLICATION
For Graduating High School Seniors Pursuing a Career in Nursing

AWARDED BY:
MERCY MEDICAL CENTER – DUBUQUE & DYERSVILLE

PURPOSE:

To provide scholarships to graduating high school seniors who plan to pursue a career in nursing.

REQUIREMENTS: Please submit the following documents for committee review.

1. Completed application form. Information must be typed. No handwritten documents will be considered.
2. Copy of high school transcript, class rank, and ACT score. A minimum 3.0 cumulative GPA is required to apply.
3. Two letters of recommendation: At least one letter must be from a teacher.
4. Personal essay (200-300 words) describing why you have decided to pursue a career in nursing.
5. Resume of activities including volunteer community activities.
6. Must be accepted by a 4-year college/university or a community college. Please identify the name of the college that you plan to attend on the application.

SELECTION CRITERIA:

A selection committee at Mercy Medical Center will choose the recipients of this scholarship based on the criteria described above.

AWARD:

A one-time award of \$500.00 will be paid directly to the college during the first semester of study.

DEADLINE:

The due date for scholarship applications is **April 1, 2010**. The student's application and transcript must be postmarked by April 1, 2010. Faxed or electronic copies will not be accepted. Any missing or handwritten documents will disqualify the application. Please submit your completed application and documents to:

Mercy Medical Center – Patient Care Services
Attention: Nursing Scholarship Committee
250 Mercy Drive
Dubuque, Iowa 52001

The Mercy Scholarship Committee will notify high schools and scholarship recipients by April 28, 2010.

*An editable, electronic copy of the application is available on the following page. Please type in your information, print the application, and mail to the address above.



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General Information:

All information that is submitted must be typed. No handwritten documents will be considered.

Application deadline is **April 1, 2010**

Name: _____

Present Address: _____

City/State. Zip: _____

Home Phone: _____

E-Mail Address: _____

Parents Names: _____

High School you are currently attending: _____

High School Graduation Date: _____

College/University or Community College you plan to attend:

Send completed application and documents to:

Mercy Medical Center – Patient Care Services
Attention: Nursing Scholarship Committee
250 Mercy Drive
Dubuque, Iowa 52001

