



SCHOLARSHIP APPLICATION

Completed applications must be received in the Financial Aid Office by February 28th to be considered for any academic scholarships. **Please print clearly, or type responses.**

Name: _____

Last Four Digits of Your Social Security Number: _____ Phone Number: _____

Address: _____ Year of High School Graduation: _____

Email: _____

Program of Study:

- Associate Degree Nursing
- Bachelor's Degree Nursing Pre-licensure
- RN to BSN Completion
- Associate Degree General Studies
- Associate Degree Health Information Technology
- Bachelor's Degree Completion Health Care Administration
- Associate Degree Radiologic Technology

Are you an employee, or spouse/dependent of an employee of a Mercy or Catholic Healthcare Partners (CHP) Facility? (Circle One) **YES / NO**

Name of Employee: _____

Relationship: (Circle One) **Self / Parent / Spouse** Date of Hire: _____

Mercy or CHP facility at which employed: _____

Academic and Service Accomplishments

List any organizations you are or have been recently involved in and any other background information (example: high school/college clubs, activities, church, awards received, volunteer activities, etc...)

Short Essay (both new and enrolled students must submit)

Please attach an essay on the Mercy values and how you demonstrate them in your life, your commitment to the College's motto of compassion and caring, and an explanation of your chosen major and your perceived need for funds. This essay should be no greater than 500 words.

I certify that the information on this application is correct to the best of my knowledge.

Name: _____ Date: _____

Please return to: **Mercy College of Northwest Ohio**
Attn: Scholarship Committee
2221 Madison Avenue
Toledo, OH 43604

Deadline: February 28th