



Association of Volunteers
 1000 Mineral Point Ave., P.O. Box 5003
 Janesville, WI 53547-5003
 608.756.6784



With all our heart. With all our mind.®

MercyHealthSystem.org

MEDICAL FIELD SCHOLARSHIP APPLICATION – HIGH SCHOOL STUDENT

Name _____

Address _____

Email Address _____ Phone Number _____

Current School _____

Your Class Rank _____ Total Number of Students in your Class _____ Your GPA _____

Your Current Class Courses _____

Father's Name _____

Address _____

Occupation _____ Employer _____

Mother's Name _____

Address _____

Occupation _____ Employer _____

Number of children in family _____ Number of children at home _____

Brothers/Sisters attending college and where _____

Which colleges or universities are you considering attending?

Name	City/State	Applied or Accepted
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1. _____

2. _____

3. _____

What is your proposed healthcare field of study? _____

Please provide your volunteer experiences during your high school career:

Organization Name	Duties/ Tasks Completed	Hours Worked

List your high school activities (clubs/organizations/sports, etc.) and length of participation:

List honors/awards/recognition that you have received in high school _____

List your non-school activities (church/YMCA/YWCA/Scouts, etc.) and length of participation

List your paid work experience and dates of employment _____

Please circle YES if you will be receiving Financial Aid for college or NO if you will not be receiving Financial Aid for college. **YES** **NO** **NOT SURE YET, BUT WE HAVE APPLIED**

REQUIRED: Please list any additional information that would be of interest to the Scholarship Committee including your need for financial need. _____

College Scholarships Awarded _____

All completed Scholarship Applications must be received to the Mercy Health Volunteer Office by March 1, 2017. Please include a copy of high school grade transcripts, and two letters of recommendation, complete the Consent Form, along with a 300-500 word typed essay based on "**How my volunteer interactions have prepared me for a career in health care.**" Additional pages will need to be added by the student as needed.

I attest this information contained herein is true and complete.

I approve the application information being used by scholarship committee and released to the media.

High School Official's Signature	Printed Name	Date
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Applicant's Signature	Printed Name	Date
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Parent's Signature (Approval)	Printed Name	Date
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How did you hear about this scholarship? _____

Are you interested in volunteering with Mercyhealth? _____

APPLICATION CHECKLIST

- Completed application, answering all questions. Incomplete applications will not be accepted.*
- Documents are signed*
- Provide two (2) letters of recommendation. We suggest that at least one reference be from a teacher*
- Completed Consent Form*
- Enclose your own 300-500 word essay entitled, "**How my volunteer interactions have prepared me for a career in health care.**"*
- A face to face interview will be required for finalists in Janesville.*

Thank you for applying for a Mercy Health Association of Volunteers Scholarship. We appreciate your time and effort in completing our application. If you are chosen to receive a scholarship, you or your school will be notified in May.

DEADLINE TO MERCY VOLUNTEER OFFICE BY MARCH 1, 2017

Mercy Health System Association of Volunteers

Attn: Jill Ayres

1000 Mineral Point Ave., PO BOX 5003

Janesville WI 53547-5003