



HEALTHCARE-RELATED SCHOLARSHIPS - 2018

- Award Amount:**
- Two (2) scholarships in the amount of \$1,000 each from Mercy Medical Center Mt. Shasta.
 - Two (2) scholarships in the amount of \$1,000 each from Mercy Mt. Shasta Auxiliary.

Application Deadline: **Friday, March 30, 2018 by 3:00 pm**
In the Administrative Office of
Mercy Medical Center Mt. Shasta
914 Pine St.
Mt. Shasta CA 96067
*Applications are available on www.mercymtshasta.org
Electronically submitted applications will not be accepted*

Criteria for Selection of Award:

- Health career oriented major
- Involvement in school/extracurricular activities
- Involvement in community activities, see attached Activities Chart
- Must be enrolled in an accredited college or university for the fall semester 2018
- High school seniors or adult students are eligible to apply
- Siskiyou County resident
- Financial need will be considered, but is not the basis for this award

Selection Process:

Applications will be reviewed and recipients will be selected by members of Mercy Medical Center Mt. Shasta's Scholarship Selection Committee.

Distribution of Scholarship Funds:

Scholarship award monies will be distributed to the student's Financial Aid office, upon verification of student's enrollment in an accredited college or university. Students are to submit a copy of an acceptance letter and/or class schedule to the Administrative Office at Mercy Medical Center Mt. Shasta no later than October 1, 2018 to receive funding.

Contact:

For further information, please contact Marina Facchin, Administrative Assistant, Volunteer Services, Monday-Friday between the hours of 8 AM – 4 PM, 926-7147.



HEALTHCARE-RELATED SCHOLARSHIP APPLICATION FORM – 2018

Mercy Medical Center Mt. Shasta: Two (2) \$1,000 scholarships each
and the
Auxiliary of Mercy Medical Center Mt. Shasta: Two (2) \$1,000 scholarships each

Application deadline: Friday, March 30, 2018, by 3 PM

**Mail or deliver to: Mercy Medical Center Mt. Shasta, Administrative Office, 914 Pine Street,
Mt. Shasta CA 96067**

Print Name: _____ Telephone: _____
Address: _____ City _____ Zip Code _____

Check one:

High School Senior Current College/University student

Career Focus: First choice: _____

Career Focus: Second choice: _____

Complete if you are a high school senior:

College(s) to which you have applied (note if accepted):

School G.P.A.: _____

Signature of school representative for verification (name and title): _____

Complete if you are an on-going college/university student:

What college/university are you attending: _____

G.P.A. _____ (attach copy of grades/classes) Number of units you are taking: _____

Full time student or Part Time student Major: _____

Selection of the scholarship recipients will be determined by the Scholarship Committee, selection is based upon the following:

- Academics – G.P.A. 3.0 or higher
- Character – to be judged from letters of recommendation
- Content of biography
- Content of activities information

1. The application must be filled out completely and be accompanied by a letter of recommendation from a representative of your school (principal, counselor or teacher) plus two (2) additional personal letters of recommendation and the Activity Form. The information submitted will be held in confidence and available only to the committee members.
2. Attach a biography of one (1) typed page, including the following information: What career path do you intend to follow? Why are you suited for this career? Why are you the best applicant for this scholarship?

Applicant signature: _____ Date: _____

