



MERCY MEDICAL CENTER AUXILIARY NURSING SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: February 15

BACKGROUND: The Mercy Medical Center Auxiliary Nursing Scholarship is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established in 2007 by the Mercy Medical Center Auxiliary.

PURPOSE: The purpose of the scholarship program is to assist Siouxland area college/university juniors that are enrolled in a four-year undergraduate B.S.N. program to pursue a career in nursing.

ELIGIBILITY CRITERIA: Applicant must be a Siouxland area college/university junior enrolled in a four-year undergraduate Bachelor of Science in Nursing (BSN) program at Briar Cliff University, Morningside College, or Northwestern College. Applicant must have a minimum GPA of 2.5 (out of 4.0) in college.

SELECTION CRITERIA: Selection of recipients is based on such factors as scholastic performance, school and/or community service activities, work history, financial need, and essay evaluation.

SCHOLARSHIP AWARD: \$500, not renewable.

APPLICATION PROCEDURE: Application must be received by the February 15 deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.* Application must include the following:

- Completed application with signature
- Essay
- Two (2) recommendations
- Certification Form with official school transcript

Send application to:
MERCY MEDICAL CENTER AUXILIARY NURSING SCHOLARSHIP
c/o SIOUXLAND COMMUNITY FOUNDATION
505 FIFTH STREET, SUITE 412
SIOUX CITY, IA 51101

Application questions - Call (712) 293-3303 or e-mail Foundation at office@siouxlandcommunityfoundation.org

MERCY MEDICAL CENTER AUXILIARY NURSING SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

SCHOLARSHIP APPLICATION

Application Deadline: February 15

APPLICANT

- Name: _____
Last First Middle
- Home Address: _____
Street City State Zip
- Telephone: () _____
- Social Security Number: _____
- E-Mail Address: _____
- Name of Parent(s)/Guardian(s): _____
- Address, if different from applicant: _____
Street City/State Zip
- Telephone, if different from applicant: () _____

SCHOOL DATA

- High School: _____ City/State: _____ Graduation Year: _____
- Currently Attending: Briar Cliff University Morningside College
 Northwestern College
- Current Program: BSN RN LPN
- Current Enrollment: Full-time Part-time
- Current Year: Freshman Sophomore Junior Senior
- Anticipated Graduation Date: _____
Month Year

APPLICANT PROFILE (For this and other such questions, use an additional sheet of paper if necessary.)

- Extracurricular Activities: List below all activities (school and/or community) in which you have participated to a significant degree and to which you have made a positive contribution during college/university years.

Activity	Position Held	Years of Participation (Fr. Soph. Jr. Sr.)
----------	---------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Paid Work Experience (full or part-time): List below work experience during last four years.

Employer	Job Description	Dates	Hours Per Week
----------	-----------------	-------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Unusual Circumstances: Please report any family and/or personal circumstances/hardships which you think warrant consideration.

STUDENT EXPENSES AND RESOURCES

- 1. Current living situation: Rent Own Home Dormitory Live w/ Parents
- 2. Do you have dependents for which you provide at least half of their support? Yes No
- 3. Are there any other immediate family members attending college? Yes No

4. Estimate of Anticipated Annual Educational Expenses:		Anticipated Income To Meet Your Educational Expenses:		Requested or Applied for
			Assured	
Tuition & fees	\$ _____	Personal savings	\$ _____	\$ _____
Books & supplies	\$ _____	Family resources	\$ _____	\$ _____
Housing	\$ _____	College financial aid	\$ _____	\$ _____
Utilities	\$ _____	Outside employment	\$ _____	\$ _____
Food	\$ _____	Loans	\$ _____	\$ _____
Debt Payments	\$ _____	Other scholarships (please list)		
Childcare	\$ _____	_____	\$ _____	\$ _____
Other _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
Total	\$ _____	Total	\$ _____	\$ _____

ESSAY

Please write an essay (not to exceed two typewritten, double-spaced pages) describing your personal aspirations and career goals in the field of nursing. Include motivating factors or experiences which helped shape your personal philosophy and/or your career goals. **Applications without an essay will not be considered.**

LETTERS OF RECOMMENDATION

Applicants are required to submit **two** recommendations: 1) one from a faculty member or someone familiar with your clinical experiences and nursing capabilities, and 2) one from an adult of your choice (not a family member) familiar with you in a non-nursing setting.

Recommendation forms are provided and should be returned along with your application, essay, certification form, and official school transcript. The Siouland Community Foundation must receive all required application materials by the February 15 application deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.*

CERTIFICATION

I certify that I am in my junior year at college and that all information provided in this application is true and complete to the best of my knowledge.

Student's Signature _____ Date _____

Send your completed application to:

Mercy Medical Center Auxiliary Nursing Scholarship Program
 c/o Siouland Community Foundation
 505 Fifth Street, Suite 412
 Sioux City, IA 51101
 (712) 293-3303

MERCY MEDICAL CENTER AUXILIARY NURSING SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

CERTIFICATION FORM

Application Deadline: February 15

To be completed by the applicant's advisor. All supplementary materials must be securely attached to this form.

1. Name of applicant: _____
2. Name of College/University: _____
3. Address of College/University: _____
Street City/State Zip
4. Entrance date of applicant: _____
5. Applicant will graduate on or about _____
6. At the close of the most recent term, the applicant's cumulative grade point average was _____ on a 4.0 scale.
7. **Please attach an official college transcript to this certification form.**
8. In your opinion, has the student been working up to his/her true level of ability? YES _____ NO _____
Please comment: _____

9. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. Feel free to add any other information which you feel might assist the selection committee.

Name _____

Title _____

Signature _____

Date _____

Telephone () _____

Email _____

Please place this completed form with official college transcript in a sealed envelope and give it to the student for submission with his/her scholarship application.

Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.

MERCY MEDICAL CENTER AUXILIARY NURSING SCHOLARSHIP
A Scholarship Program of the Siouxland Community Foundation

APPLICANT RECOMMENDATION FORM

Application Deadline: February 15

Two recommendations are required as follows: 1) one from a faculty member or someone familiar with your clinical experiences and nursing capabilities, and 2) one from an adult of your choice (not a family member) familiar with you in a non-nursing setting. **The person who fills out the recommendation form must be different from the person who fills out the Certification Form.**

1. Name of Applicant: _____
2. How long have you known the applicant? _____
3. How are you acquainted with this applicant? _____

4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name _____

Title _____

Address _____

Telephone () _____

Signature _____

Date _____

Please place this completed form in a sealed envelope and give it to the student for submission with his/her scholarship application.

Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.

MERCY MEDICAL CENTER AUXILIARY NURSING SCHOLARSHIP
A Scholarship Program of the Siouxland Community Foundation

APPLICANT RECOMMENDATION FORM

Application Deadline: February 15

Two recommendations are required as follows: 1) one from a faculty member or someone familiar with your clinical experiences and nursing capabilities, and 2) one from an adult of your choice (not a family member) familiar with you in a non-nursing setting. **The person who fills out the recommendation form must be different from the person who fills out the Certification Form.**

1. Name of Applicant: _____
2. How long have you known the applicant? _____
3. How are you acquainted with this applicant? _____

4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name _____

Title _____

Address _____

Telephone () _____

Signature _____

Date _____

Please place this completed form in a sealed envelope and give it to the student for submission with his/her scholarship application.

Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.