

## AWARD APPLICATION

### SCHOLARSHIPS. CONTINUING EDUCATION. LOAN REPAYMENT.

Name:		Clock #:
Home address:	City:	State/ZIP:
Your phone number:	Your primary email:	
Name of university/college (if applying for scholarship):		
Type of degree you expect to achieve (if applicable):		
University/college address:	City:	State/ZIP:
Cumulative GPA:	Years in nursing program:	
Class/Conference/CEU start date:	Year in school (if applying for Jennie E. Basile nursing scholarship):	
Approximate cost:		
Name of high school (if applying for Rita Krueger Whitters scholarship):		
Race (if applying for Cedar Rapids Bank & Trust): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino		
Clinical practice area of interest:		
I am eligible and applying for these awards (list all awards here):		
I have been awarded a Mercy scholarship or continuing education grant in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," year and name of award:		
On a separate sheet, please provide 2-3 paragraphs that describe your anticipated contributions (or current contributions for those applying for loan repayment) to Mercy Medical Center and nursing/healthcare, and if applying for recertification provide approximate cost:		
I understand all of the following:		
<input type="checkbox"/> Yes, I must be actively employed with Mercy Medical Center at the time payment is made		
<input type="checkbox"/> Yes, I am currently in good standing and under no disciplinary action or verbal warnings		
<input type="checkbox"/> Yes, all questions must be completed and information provided to be eligible including GPA from current or most recent institution		
<input type="checkbox"/> Yes, I must be full- or part-time (no PRN) to be eligible		
<input type="checkbox"/> Yes, I read and understand the tax-free scholarship disclaimer in the booklet		
<input type="checkbox"/> Yes, I understand the Quinn loan repayment stipend is taxable		
<input type="checkbox"/> Yes, I understand some awards/stipend require a one to two year work commitment at Mercy Medical Center (begins when agreement is signed and payment is made)		
<input type="checkbox"/> Yes, I understand a thank-you card to the donor(s) must be completed and returned with the signed award/stipend agreement before award will be received		
<input type="checkbox"/> Yes, I understand the awards listed in this book are for Mercy Medical Center employees only		
<input type="checkbox"/> Yes, I understand scholarship or awards are to be used for FY2022 or the 2021-2022 academic year		
<input type="checkbox"/> Yes, I understand my name will be listed for promotional purposes		
Signature:		



Hard copy application and letter(s) of recommendation (if required) must be received by **March 16** in Human Resources.  
If preferred, completed applications and letters may be emailed to the Mercy Foundation at [mmcf@mercycare.org](mailto:mmcf@mercycare.org)

Questions may be directed to the Mercy Foundation, [mmcf@mercycare.org](mailto:mmcf@mercycare.org) or (319) 398-6206.