



**2019 APPLICATION FOR AUXILIARY SCHOLARSHIP
MERCYONE CENTERVILLE MEDICAL CENTER AUXILIARY**

Application must be returned to committee by **May 1**. Please return completed application to Administration office at Mercy Medical Center – Centerville or mail to **MercyOne Centerville Medical Center, ATTN: Sherri Doggett, One St. Joseph’s Drive, Centerville, IA 52544.** Any questions regarding application, please contact **Sherri Doggett at 641-437-3445.**

***2 CHARACTER REFERENCES REQUIRED* Please forward the attached character reference form to 2 NON-FAMILY persons who can provide a reference for you. This form will be submitted separately by those references. Please DO NOT include with your application submission.**

APPLICANT'S NAME _____

Date of Birth _____

Permanent Mailing Address: _____

Phone Number: _____

Signature

Date

APPLICANT BACKGROUND INFORMATION

High School attended: _____

Year Graduated: _____

College(s) attended with dates: _____

Major: _____

Degree obtained: _____

College you are planning to attend or are currently attending: _____

Have you been accepted for admission? _____ Yes _____ No

Comment: _____

Degree to be obtained: _____

Other scholarship or financial aid already acquired: _____

Would you consider returning to Centerville, after graduation, to work in your field: _____ Yes _____ No

Have you received other education assistance from Mercy Center Auxiliary: _____ Yes _____ No

If yes explain including dates: _____

In the last year, have you done volunteer work or community service (please describe): _____

List Work Experience: _____

Please share your inspiration for entering the field of health care and how the receipt of this scholarship would affect your reaching that goal (must be at least 250 words): **Please attach a separate page.**

Use additional blank pages where needed to explain any answers.