

APPLICANT CHECKLIST

Interviews for Mercy Scholars will not be scheduled until the following are received:

- Completed Mercy Scholars' Application.
 - Cover sheet
 - Academic Plan
 - Employment History
 - Consent Form
 - Financial Status Form
 - Program acceptance letter from educational program

Please submit the above six (6) forms together in one packet.

- Official transcripts from all previous college coursework. (High school transcripts not necessary if college transcripts are submitted.)
- Two (2) references from present or past employers, instructors, or guidance counselors.

Application deadlines for **nursing** programs only:

- May 31 for the fall semester
- November 30 for the spring semester

Applications that are incomplete will not be considered until the following term, if completed by that time.

No deadlines for other educational programs.

It is your responsibility to check the status of your transcripts and reference forms.

For nursing applications, please contact Angie Carman at 641-422-7806. All other programs, please contact Gayla Toebe at 641-422-7839.

MERCY SCHOLARS' APPLICATION

Mercy Medical Center - North Iowa

Name:		Social Security Number:
Home Address:		City/State/Zip:
Telephone #:	Cell Phone #:	E-mail address:
Total Tuition Dollars Requested: (for tuition only)		Total Stipend Dollars Requested: (for living allowance - select programs only)
Educational Institution:		Total Dollars Requested: (total of tuition and stipend dollars)
What degree are you pursuing? BE SPECIFIC:		Are you currently a Mercy employee? Yes/No If yes, Supervisor's name:
How many classes _____/credits _____ do you need to complete this degree?		When is your anticipated graduation?
What experience in this field have you had?		

Please explain why Mercy should consider you for the Mercy Scholars' Program.
BE AS SPECIFIC AS POSSIBLE. IF NECESSARY, USE THE BACK OF THIS FORM OR ATTACH
ANOTHER SHEET OF PAPER.

Applicant Signature

Date

If Mercy Employee, Director/Manager's Signature

Date

MERCY SCHOLARS' EMPLOYMENT HISTORY

EMPLOYMENT				
1. Present or Most Recent Employer Employment Dates From ____/____/____ (month/year) To ____/____/____ (month/year)	Name of Employer		Address	
			City	
			State	Zip
	Your Position	Supervisor's Name	Telephone Number	
	Description of Work Performed			
	Reason for Leaving			
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2. Next Previous Employer Employment Dates From ____/____/____ (month/year) To ____/____/____ (month/year)	Name of Employer		Address
		City		
		State	Zip	
Your Position		Supervisor's Name	Telephone Number	
Description of Work Performed				
Reason for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Next Previous Employer Employment Dates From ____/____/____ (month/year) To ____/____/____ (month/year)		Name of Employer		Address
			City	
			State	Zip
	Your Position	Supervisor's Name	Telephone Number	
	Description of Work Performed			
	Reason for Leaving			
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONSENT FORM

PLEASE READ AND SIGN

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from the Mercy Scholars' Program.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization's review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information.

Signature

Date

Current Mercy Employee's Only

PLEASE READ AND SIGN

I hereby give my Department Director/Manager my permission to include any information on the attached reference form related to my last two performance evaluations that is deemed necessary for the completion of my reference. I understand that this reference form will be forwarded directly to Human Resources, and that this information will not be shared with me. I also understand that the sole purpose of this reference form is to assist the Mercy Scholars' Committee to determine my eligibility to participate in the Mercy Scholars' Program. Should I choose not to sign this form, I understand that my decision may result in the denial of my participation in the Mercy Scholars' Program.

Employee
Signature

Date

FINANCIAL STATUS FORM

Name:	Social Security Number:
Address:	City, State, Zip
Phone Number:	Best Time To Reach You:
Marital Status:	Number of Dependents:
Educational Program:	Total Dollars Requested:
Current Work Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time; hours per week _____ <input type="checkbox"/> Not Working	Do you anticipate a change in work hours while attending school? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, explain _____ _____
Current Salary:	Total Household Income:
Please list all scholarships you have applied for:	
Please list all scholarships you will receive:	
How much money are you requesting for a living allowance? \$ _____ Please explain why Mercy should provide a living allowance to you and why a living allowance in the amount you are requesting should be approved. (Use additional paper if necessary.)	
I agree that the information provided above is true and accurate to the best of my knowledge.	
Signature:	Date:

MERCY SCHOLARS' REFERENCE FORM

(References will not be accepted from friends, family members, or co-workers.)
(If Mercy employee, references must be from Supervisor and Director/Manager.)

Applicant's Name: _____

The more specific you can be will ensure that quality applicants for the Mercy Scholar's Program will receive assistance.

How do you know the Applicant?	
Applicant's Strengths/Assets:	
Applicant's Areas for Development:	
Would you recommend this Applicant to be considered for the Mercy Scholars' Program? Why or why not?	
NOTE: Please send this form in a confidential envelope to Human Resources – Mercy Scholar's Program. DO NOT return to the Applicant requesting reference!	
Signature (required):	Date:
Please Print Name:	

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Signature (required):

Date:

Please Print Name: