

CHI Mercy Health Auxiliary (CHI MHA) 2018 SCHOLARSHIP APPLICATION

Before completing this application, all applicants must read the *Information Sheet and Instructions for 2018 Applicants*. See Page 2.

All documentation and signatures **must** be attached to your application at the time of submission or the application will **not** be considered for an award. **Deadline for submission is May 25, 2018 by 4 PM to the CHI Mercy Health Auxiliary (CHI MHA), ATTN: Auxiliary Scholarship Committee.** (Complete mailing address on page 4.) Additional questions? Please call Lisa Urbatsch, 845-6486. Applications received after May 25, 2018, 4:00 PM, will not be considered. Scholarship award will be announced July 2018 (date to be determined).

Please check the scholarship category for which you are applying (check one only). Attach this page to completed documentation:

- Graduating high school senior who is a child/grandchild of current CHI MH employee who has completed 2 years of full or half-time (18-35 hrs/week) employment at CHI MH, and who has been accepted as a full-time student in a 2-4 year accredited college/university human health care program. **(COMPLETE SECTIONS A, B AND D)**
- Graduating high school senior who is a child/grandchild of a current CHI MH Auxiliary volunteer who has completed a minimum of 30 CHI MHA volunteer service hours within the past 12 months. The student must show proof that he/she has been accepted as a full-time student in a 2-4 year accredited college/university health care program. **(COMPLETE SECTIONS A, B AND D)**
- Currently active CHI MH volunteer presently enrolled in a 2-4 year accredited college/university health care program that will continue to be enrolled at an institution of higher education and has completed a minimum of 30 MHA volunteer service hours within the past 12 months. A cumulative GPA of 3.0 is required. **(COMPLETE SECTIONS A AND D)**
- Employee of CHI Mercy Health who has completed 2 years of full-time or part-time (18-35 hrs/week) employment at CHI MH and has been accepted at a college/university. Scholarship monies are contingent upon continued CHI MH employment during the 2018-2019 academic year. A cumulative GPA of 3.0 is required. Continuing education classes are excluded. **(COMPLETE SECTIONS A, C AND D)**
- Former CHI MHA scholarship recipient who desires to continue their human health care education in a 2-4 year accredited college/university health care program and has maintained a cumulative GPA of 3.0. **(COMPLETE SECTIONS A AND D)**

**CHI MERCY HEALTH AUXILIARY (CHI-MHA)
SCHOLARSHIP FUND (\$250.00)
FOR A MEDICAL HEALTH CARE RELATED CAREER**

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INFORMATION SHEET AND INSTRUCTIONS

The CHI Mercy Health Auxiliary (CHI-MHA) is a volunteer organization devoted to supporting the hospital and the community it serves.

The **deadline** for submission of applications with all requested signatures and documentation is **May 25, 2018 by 4 PM**. Applications received after May 25, 2018, 4:00 PM will not be considered. Scholarship award will be announced July 2018.

All applications must be received at that time in order to be considered for an award.

Mail to: CHI Mercy Health Auxiliary, ATTN: AUXILIARY SCHOLARSHIP COMMITTEE, 570 Chautauqua Blvd., Valley City, ND 58072 **or** hand deliver to CHI Mercy Health Admissions window (front lobby) in envelope addressed as for mail.

Additional questions? Please call Lisa Urbatsch, 845-6486.

Eligibility:

- Graduating high school seniors who attend school and/or reside in Barnes County, ND and who are children or grandchildren of current CHI Mercy Health employees or volunteers.
- Employees of CHI Mercy Health who have completed 2 years of full-time or parttime employment at CHI-MH and have been accepted or are furthering their education in healthcare.
- Currently active volunteers who are continuing their education in a healthcare related field. Volunteer must have completed 30 hours of volunteer time during the past 12 months.

Criteria for Award Selection:

- Education Achievement
- Financial Need
- Essay Content
- Recommendations
- Completed Application

Application, Documentation and Reference Letters:

- Application must have signatures, as required.
- Official transcript copy from the latest academic year.
- A one page essay addressing the healthcare education you have chosen to pursue or are continuing to pursue. This will include how you arrived at your decision and how this scholarship will help you meet your goals. If you are a CHI-MH employee, discuss how your additional education will enhance your service to CHI-MH.
- Two letters of recommendation from non-family members attesting to your academic achievement and character reference.

SECTION A: To be completed by ALL scholarship applicant categories (please print clearly)

Personal Information

Name _____

Email _____

Home

Address _____

Street City Zip Code

Phone _____

Home Cell

High school/college attendance:

School City & State Dates Attended Graduation (or anticipated) Date

Financial Need

Are there any unusual circumstances concerning your family and/or your financial situation that you would like to bring to the attention of the Scholarship Committee? (Attach separate page if necessary)

If you are not awarded a CHI MHA scholarship, how will you finance your education?

What paid work experience have you had in the past three years, list most recent first:

Employer Dates Job Title Hours per week

Have you received CHI MHA scholarships in the past? Yes _____ No _____ If yes, give the date(s) and the amount(s) received _____

Are you applying for and/or receiving other educational funds? Yes _____ No _____ If yes, give the source, the amount and duration: _____

What is your proposed and/or current major?

Community Activities (outside of work or school) List activities and positions of leadership that you have had in school, community affairs, church, other:

CHI MH Auxiliary Experience:

Have you worked as a MHA volunteer? Yes _____ No _____ If yes, continue to answer the items below:

Volunteer Title (if have one) _____

Department _____

Start Date of Volunteering _____ Total Hours of volunteer service to date _____

Verification of start date and total hours by the CHI Mercy Health Auxiliary President:

Section B: To be completed by graduating high school seniors residing and/or attending a school within Barnes County and are children/grandchildren of CHI MH employees or CHI MHA volunteers parent(s)/grandparent(s).

(Please print clearly)

Parent(s)/Grandparent(s)/Guardian(s) Information

Name _____	Name _____
Address _____	Address _____
Employer _____	Employer _____
Position _____	Position _____

If parent(s) is a MH employee(s), obtain HR Department signature verifying 2 years completed employment and that the employee is in good standing:

HR Department Representative *Printed Name Signature Date*
If MH, hire date _____ If MH, hire date _____

College or University Chosen

List below the college/university to which you have been accepted: (May list more than one)

1. _____
2. _____
3. _____

SECTION C: To be completed by CHI MH Employees with 2 years of completed employment

What is your initial hire date? _____ Hours worked per week? _____

Current Job Title _____

Which college/university are you currently or planning to attend? _____

Have you been accepted by this school? Yes _____ No _____

Will you be attending: Full-time _____ Part-time _____

How will the courses you will be taking relate to your job with MH?

List CHI MH activities in which you are involved:

To be completed by the employee's Department Director:

- ❖ Did employee "Excel" in the most recent Annual Review? Yes _____ No _____
- ❖ Comment on applicant's involvement in hospital activities and community service:

❖ Comment on whether or not this applicant would be a deserving recipient of a MHA scholarship:

Verify the initial hire date for this employee and the number of hours worked per week by your signature below.

Director's *Printed Name Signature Date*

SECTION D: Applicant's Certification

By signing this application and submitting it for consideration, you attest that you understand that if you are selected to receive a scholarship, the money would be given directly to the school of your choice to be used toward your tuition, *books, fees, room and board*, and not to you as an individual. Any false statement would be cause for termination of this scholarship.

Printed Name of Applicant

Signature of Applicant Date

If you are awarded a MHA scholarship, do you grant permission to the MHA to use your name and/or picture for public relations activities? Yes _____ No _____

REVIEW OF INSTRUCTIONS:

Your application is not complete for submission until signatures are obtained as indicated and the following information is attached to your application:

- Signatures have been obtained as required within the application.
- OFFICIAL TRANSCRIPT** from the latest academic year (only official transcript accepted, otherwise application will be denied)
- A one page essay addressing the health care education you have chosen to pursue and/or are continuing to pursue - how you arrived at your decision and how this scholarship will help you meet your goals. **Also, if you are a CHI MH employee**, discuss how your additional education will enhance your service to CHI MH; **if you are a CHI MH Auxiliary Volunteer**, explain why your service to CHI MH makes you a deserving scholarship recipient.
- Two letters of recommendation from non-family members attesting to academic Achievement, character reference and goals of the applicant.

Letters must be written and dated after January 2018 and contain the address, phone number and email address of the person writing the recommendation.

To be considered for an award, applications with ALL requested signatures and ALL documentation must be received by:

CHI Mercy Health

ATTN: AUXILIARY SCHOLARSHIP Committee

On or before May 25, 2018 by 4 PM

Mail: CHI Mercy Health Auxiliary, ATTN: AUXILIARY SCHOLARSHIP COMMITTEE, 570 Chautauqua Blvd., Valley City, ND 58072 or hand deliver to CHI Mercy Health Admissions window (front lobby) in envelope addressed as for mail.