

GENERAL MEDICAL  
EDUCATION  
SCHOLARSHIP  
2018

## **GENERAL MEDICAL EDUCATION SCHOLARSHIPS**

### **Criteria:**

The purpose of this scholarship is to assist an individual who is pursuing an education in the medical field, in an effort by CHI Mercy Health to promote medical field careers that would be of benefit to the facility and the community served.

- These scholarships are intended for students seeking to complete a program in the medical field, including technician programs, certificates, 2 & 4 year degrees
- First consideration will be given to current CHI Mercy Health employees.
- The program must be accredited.
- The members of the Scholarship Committee will evaluate the applications and determine the recipient of the scholarships.
- A current recipient may reapply each year to be considered for the scholarship, while actively pursuing a medical certificate/degree.
- Applicant should be in good academic standing.
- Applicant will need to submit resume and transcripts of previous academic preparations.
- Will need to submit application and requested information no later than three months prior to start date of the program.
- Funding will be sent to the program/college once applicant's acceptance is established.
- If there are no applicants that are currently in a medical field program, and are CHI Mercy Health employee's, the next eligible applicants will be students in the community that are actively seeking a degree or certification in the medical field.



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## **GENERAL MEDICAL EDUCATION SCHOLARSHIP APPLICATION**

### **Instructions for Completing the Scholarship Application (Please read carefully before completing this application.)**

#### **Instructions for completing this application:**

1. Complete all parts of this application, print off a copy, and attach a copy of your transcripts and resume.
2. Return this application form and copies as indicated above to **CHI Mercy Health Foundation Director, CHI Mercy Health, 570 Chautauqua Blvd., Valley City, ND 58072.**
3. Return this application form and copy of transcripts by **April 9, 2018.**
4. Late or incomplete application will not be considered unless there are no other eligible applicants.

#### **Rules and Disclaimers:**

Forfeiture of the award will occur if:

1. Not admitted to the institution listed on application.
2. Not enrolled in medical focused courses.
3. Not in good academic standing (receive a grade below a "C" in core courses).
4. Failure to acknowledge acceptance of the award.

Scholarship money awarded annually.

#### **Mail application to:**

**CHI Mercy Health  
General Medical Education Scholarship  
ATTN: Foundation Director  
570 Chautauqua Blvd.  
Valley City, ND 58072**

#### **If you have any questions call or e-mail:**

Stephanie Mayfield--Foundation Director 1-701-845-6557  
[stephaniemayfield@catholichealth.net](mailto:stephaniemayfield@catholichealth.net)

**GENERAL MEDICAL EDUCATION SCHOLARSHIP APPLICATION**

Students Name	Last Name	First Name	Middle Name
Social Security Number			
Local Address	Street	City	State Zip Code
Local Telephone Number			
Hometown Address	Street	City	State Zip Code
High School Attended			
Year Graduated			
College	Street	City	State Zip Code
Level of Education Completed			
Credits Currently Completed			
Cumulative GPA			
Degree/Graduate Program			
Program Site			

Use additional pages if needed and attach to this form.



**Financial Statement:** Please provide a percentage of each of the following sources of financial support.

Self Support:	%
Support from family:	%
Support from loans:	%
Support from grants:	%
Support from other scholarships:	%
Other (please explain):	%

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Total	100%
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- Did you receive a Federal Pell Grant?    Yes  No
- If yes, how much was awarded? \$ \_\_\_\_\_ Year Received :
- Did you receive a Federal Subsidized student loan?    Yes  No
- If yes, how much was received? \$ \_\_\_\_\_ Year Received :
- How much currently accumulated school debt?    \$ \_\_\_\_\_
- Do you have special circumstances that impact your financial need? Yes  No
- (e.g. child support, medication, etc.) If yes, please explain on separate sheet.

**Disclaimer:** Financial aid information may be verified.

**I attest, to the best of my knowledge, this application to be accurate and truthful.**

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**Name**

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**Date**

**Write a brief one paragraph summary of why you are uniquely qualified to receive a scholarship in 50 words or less.**



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