

CHI Mercy Health Auxiliary **2019 SCHOLARSHIP APPLICATION**

Before completing this application, all applicants must read the *Information Sheet and Instructions for 2019 Applicants (pages 1 and 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 24, 2019 by 4 PM to the CHI Mercy Health Auxiliary (CHI MHA), ATTN: Auxiliary Scholarship Committee.** Additional questions? Please call Lisa Urbatsch, 845-6486. Applications received after May 24, 2019, 4:00 PM, will not be considered. Scholarship award will be announced July 2019 (date to be determined).

Criteria:

The purpose of this scholarship is to assist an individual who is pursuing an education in a healthcare related field. CHI Mercy Health Auxiliary promotes healthcare careers that will be of benefit to CHI Mercy Health and the community it serves.

- These scholarships are intended for students seeking to complete an accredited program in a healthcare related field, including technician programs, certificates, 2- & 4-year degrees.
- First consideration will be given to current CHI Mercy Health employees, Auxiliary members and their immediate family members living in Barnes County, ND.
- If there are no applicants that are CHI Mercy Health employees, auxiliary members or immediate family members of an employee or auxiliary member the next eligible applicants will be students in the community that are actively seeking a degree or certification in the healthcare field.
- The members of the CHI Mercy Health Auxiliary 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 healthcare certificate/degree.
- Applicant must be in good academic standing.
- Applicant will need to submit (1) application (2) official transcript from latest academic year (3) two letters of recommendation from non-family members attesting to academic achievement, character reference and goals of the applicant and (4) 50 words or less describing why you are uniquely qualified to receive this scholarship (see page 4).
- Funding will be sent to the program/college once applicant's acceptance is established.

GENERAL HEALTHCARE EDUCATION SCHOLARSHIP (\$250.00) 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, two (2) letters of recommendation, 50-word paragraph, and this application.
2. Send, as indicated above, no later than **May 24, 2019** to **CHI Mercy Health Auxiliary, ATTN: Lisa Urbatsch, 570 Chautauqua Blvd., Valley City, ND 58072.**
3. Late or incomplete application will not be considered.

Rules and Disclaimers:

Forfeiture of the award will occur if:

1. Not admitted to the institution listed on application.
2. Not enrolled in healthcare 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 Auxiliary
General Healthcare Education Scholarship
ATTN: Lisa Urbatsch, Auxiliary Liaison
570 Chautauqua Blvd.
Valley City, ND 58072**

If you have any questions call or e-mail:

**Lisa Urbatsch, Liaison to the Mercy Health Auxiliary
(701) 845-6486**

**CHI Mercy Health Auxiliary Scholarship Application
General Healthcare Application**

Student's Name	Last Name	First Name	Middle Name
Local Address	Street	City	State Zip Code
Local Phone Number			
Cell Phone Number			
High School Attended Include Address	Name of School and Complete Address		
Year Graduated High School			
College where you have been accepted.	Name of School and Complete Address		
Degree or Graduate Program			
Circle One	CHI Mercy Health Employee CHI Mercy Health Auxiliary Member Immediate Family Member Barnes County Student		
Name of Relative			
How are you related?			

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

Name (Signature of Applicant) **Date**

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

Name (Signature of Employee or Auxiliary Member) **Date**

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