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## MEDICAL FIELD SCHOLARSHIP APPLICATION – ADULT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of Dependent Children \_\_\_\_\_ If married, spouse's name \_\_\_\_\_

Spouse Occupation & Employer \_\_\_\_\_

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Current Employer and length of employment time \_\_\_\_\_

College Currently Attending \_\_\_\_\_

Full Time or Part Time Student \_\_\_\_\_

College grade point average \_\_\_\_\_

What is your course of study? \_\_\_\_\_

What kind of degree will you receive? \_\_\_\_\_

Expected Date of College Graduation \_\_\_\_\_

Briefly list work experiences \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate which medical career you have chosen and the reasons why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any financial aid that you currently receive: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet of paper, please include a short essay of at least 300 words stating the reasons you feel you should be considered for this scholarship and any information which you think would be useful to the Scholarship Committee in evaluating your application, including your need for financial assistance and/or any special circumstances the committee should know.**

Please fill in all community service and volunteer hours that you have completed in the last year.

Organization Name	Duties/ Tasks Completed	Hours Worked

**APPLICATION CHECKLIST**

- Completed application, answering all questions (Incomplete applications will not be accepted)
- Signatures in all required areas
- Letter of recommendation from faculty member
- Completed 300+ word essay
- Fall transcripts and spring class registry
- Signed Consent Form for future media usage

**COMPLETE APPLICATIONS ARE DUE BY MARCH 1, 2018**

*Please send completed applications with all items from the application checklist to:*

**Mercyhealth Association of Volunteers**  
**Attn: Jill Ayres**  
**1000 Mineral Point Ave., PO BOX 5003**  
**Janesville, WI 53547-5003**

By signing this form, I attest this information contained herein is true and complete, and I approve the application information to be used by scholarship committee and released to the media.

Applicant's Signature

Date