



Mercyhealth Association of Volunteers
1000 Mineral Point Ave.
PO Box 5003
Janesville, WI 53547-5003

2018 VOLUNTEER MEDICAL FIELD SCHOLARSHIP APPLICATION – HIGH SCHOOL STUDENT

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone Number _____

Current School _____

Your Class Rank _____ Total Number of Students in your Class _____ Your GPA _____

Father's Name _____

Address _____

Occupation _____ Employer _____

Mother's Name _____

Address _____

Occupation _____ Employer _____

Number of children in family _____ Number of children at home _____

Siblings attending college and where

Which colleges or universities are you considering attending?

Name	City/State	Applied or Accepted
------	------------	---------------------

1. _____

2. _____

3. _____

What is your proposed healthcare field of study?

Please provide your volunteer experiences during your high school career:

Organization Name	Contact Person	Contact Phone Number	Duties & Tasks Completed	Hours Worked	Frequency of Occurrence

Please include supporting documents, including volunteer hour log, see page three.

Student Hours Verification for the Mercyhealth Association of Volunteers

Student's Name: _____

Student's Volunteer Number: _____

Date of Volunteering: _____

Hours of Volunteering: _____

Organization Name: _____

Contact Name: _____

Phone Number: _____

Job Duties or Tasks Completed: _____

Any comments about the student: _____

I attest that the above student completed the tasks on the date and in the time frame listed.

Printed Name

Signature

Date



Mercyhealth Association of Volunteers
 1000 Mineral Point Ave.
 PO Box 5003
 Janesville, WI 53547-5003

List your high school activities (clubs/organizations/sports, etc.) and length of participation:

List honors/awards/recognitions that you have received in high school _____

List your non-school activities (church/YMCA/YWCA/Scouts, etc.) and length of participation

List your paid work experience:

Company/Organization Name	Contact Person	Phone Number	Job Title- Duties	Length of employment

Please select YES if you will be receiving Financial Aid for college or NO if you will not be receiving Financial Aid for college. **YES** **NO** **NOT SURE YET, BUT WE HAVE APPLIED**

REQUIRED: Please specify why you personally need this scholarship _____

College Scholarships Awarded

All completed Scholarship Applications must be received to the Mercyhealth Volunteer Office by March 1, 2018. Please include a copy of high school grade transcripts, two letters of recommendation, completed Consent Form, along with a 300-500 word typed essay based on **“How my volunteer interactions have prepared me for a career in health care.”** Applicant may add additional pages, if necessary.

Applicant’s Signature	Printed Name	Date
-----------------------	--------------	------

Parent’s Signature (Approval)	Printed Name	Date
-------------------------------	--------------	------

I attest this information contained herein is true and complete.
I approve the application information being used by scholarship committee and released to the media.

High School Official’s Signature	Printed Name	Date
----------------------------------	--------------	------

How did you hear about this scholarship? _____

Are you an active volunteer at Mercyhealth right now? YES NO

If not, are you interested in volunteering with Mercyhealth? _____

APPLICATION CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> <i>Completed application, answering all questions</i> | <input type="checkbox"/> <i>High School Transcripts</i> |
| <input type="checkbox"/> <i>Documents are signed</i> | <input type="checkbox"/> <i>Completed Consent Form</i> |
| <input type="checkbox"/> <i>Specify financial needs (bottom of page 3)</i> | <input type="checkbox"/> <i>Applications must print on one side only</i> |
| <input type="checkbox"/> <i>Provide two (2) letters of recommendation. We suggest that at least one reference be from a teacher</i> | |
| <input type="checkbox"/> <i>Enclose your own 300-500 word essay entitled,</i> | |

“How my volunteer interactions have prepared me for a career in health care.”

All items on checklist must be completed and included by March 1, 2018, at 4:00pm to the Mercyhealth Volunteer Office or application will not be processed.

Mercy Health System Association of Volunteers - Scholarships

Attn: Jill Ayres

1000 Mineral Point Ave., PO BOX 5003

Janesville WI 53547-5003

Thank you for applying for a Mercyhealth Association of Volunteers Scholarship. We appreciate your time and effort in completing our application. If you are chosen to receive a scholarship, you or your school will be notified in May.