

**SCHOLARSHIP APPLICATION** Part I



Completed applications and counselor's form (Part II) must be received in the Financial Aid Office by February 28th to be considered for any academic scholarships. **Please print clearly, or type responses. Please give Part II of the application to your Guidance Counselor, if you are still in high school, to complete and return directly to Mercy College.**

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

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School you graduated from: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Program you are applying for or enrolled in: \_\_\_\_\_

Term you intend to enroll: \_\_\_\_\_

Are you an employee, or spouse/dependent of an employee of a Mercy Health Partners (MHP) or Catholic Healthcare Partners (CHP) Facility? (Circle One) **YES / NO**

Name of Employee: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Relationship: (Circle One) **Self / Parent / Spouse**

MHP or CHP facility at which employed: \_\_\_\_\_

**Academic and Service Accomplishments**

List any organizations you are or have been recently involved in and any other background information (example: high school/college clubs, activities, church, awards received, volunteer activities, etc...)

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

**Short Essay (both new and enrolled students must submit)**

Please attach an essay of no more than one double-spaced, type written page telling why you chose your major and why you chose Mercy College.

*By signing below, I certify that the information on this application is correct to the best of my knowledge, and I allow Mercy College of Northwest Ohio to use the information to promote the scholarship award if I am selected for an award. I also understand that I may be asked for a recent photograph for newspaper publicity of the scholarship.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: **Mercy College of Northwest Ohio**  
Attn: Scholarship Committee  
2221 Madison Avenue  
Toledo, OH 43604

**Deadline: February 28th**

**SCHOLARSHIP APPLICATION** Part II



To be completed by High School Guidance Counselor (for High School students only).

Please complete this form, or attach a transcript which includes this information.

*Note: Your application will not be considered until this part has been received.*

Student: \_\_\_\_\_ Student's Graduation Date: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_ ACT/SAT Scores: \_\_\_\_\_  
(Please include composite & individual scores)

Is this student retesting? **YES / NO** \_\_\_\_\_ If yes, date of testing: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Please list any honors, recognitions, or special activities of this student:

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Guidance Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

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