



## MERCY HEALTH FOUNDATION MAHONING VALLEY

### Nursing Scholarship

### MERCY COLLEGE OF OHIO ST. ELIZABETH CAMPUS

#### Associate Degree in Nursing Program

For Courses Fall 2017 through Spring 2018

#### Overview

Nursing scholarships will be awarded by the Mercy Health Foundation Mahoning Valley to eligible and selected scholastically deserving individuals who are enrolled in the Mercy College of Ohio St. Elizabeth Campus Associate Degree in Nursing Program.

Specific scholarships are available each year. Criteria for scholarship award:

- Scholarship winners **must** attend the awards ceremony. This will be held the evening of May 24, 2017, at 5:30pm .
- Applicant must already be accepted for enrollment in the Mercy College of Ohio St. Elizabeth Campus Associate Degree in Nursing Program.
- Applicant must complete a scholarship application form and furnish the required documents and information.
- If already a Mercy College of Ohio St. Elizabeth Campus student, the applicant must have a minimum 2.7 cumulative grade point average (based upon a 4.0 grade system). If a non-Mercy student, the applicant should have a minimum of a 3.0 for high school courses or previous (non-Mercy) college courses, and provide corresponding proof via official school transcripts.
- Ask Darnell Irvine, Coordinator Enrollment & Student Affairs, for a printout of any transcripts needed from Mercy College. These will be accepted as official.
- Applicant must have two letters of recommendation (not from family members):
  - One letter from a previous teacher or professor regarding the applicant's scholastic abilities.
  - One letter from an individual regarding the applicant's character and specific noteworthy accomplishments.
- Applicant's application will be considered in relation to all of the available scholarships (only one application needs to be furnished).

## Procedure for Scholarship Award

Applicant must complete and return a scholarship application form and all related information and documents no later than March 31st, 2017, at 4:00 pm.

You may return application to:

**Alex Ankerman**  
**Mercy Health Foundation Mahoning Valley**  
**250 DeBartolo Place, Ste. 2560**  
**Boardman, Ohio 44512**

Application may also be dropped off at the  
**St. Elizabeth Youngstown Hospital Nursing Administration Office located on 1 West.**

Call **Alex Ankerman at 330.729.3805** for questions regarding scholarship.

- Annual scholarships are awarded for the coming school year only, starting in Fall 2017 and ending in Spring of 2018.
- All applications and related information will be reviewed by a special Scholarship Selection Committee comprised of: Mercy Health Youngstown (MHY) Nursing Administrators, MHY administration, and members of the Mercy Health Foundation Mahoning Valley. This committee will select and recommend the scholarship recipients. A letter will be sent to all applicants advising them of the final status of their requests.
- The Mercy Health Foundation Mahoning Valley Board of Directors is the granting authority for each scholarship after reviewing the recommendations from the Scholarship Selection Committee. The Board's decisions are final.
- Scholarships will be granted annually and will be awarded under the name of the respective donor.
- Each annual scholarship can be applied toward tuition, instructional materials, and fees. Amounts of scholarship monies may vary.
- Scholarship funds are retained in special, restricted accounts which are administered by the Mercy Health Foundation Mahoning Valley.
- Scholarship monies, when awarded, will be deposited at Mercy College. The scholarship recipient can draw as needed from this special account which will be in his/her name. Any scholarship monies not used within the respective school year will be returned to the Foundation.
- Scholarship applications can be obtained by request via email to Alex Ankerman at [AAnkerman@mercy.com](mailto:AAnkerman@mercy.com) For additional information, please call Alex Ankerman at 330.729.3805.

Application for  
**MERCY HEALTH FOUNDATION MAHONING VALLEY**  
Nursing Scholarship  
at  
**MERCY COLLEGE OF OHIO ST. ELIZABETH CAMPUS**  
ASSOCIATE DEGREE IN NURSING PROGRAM

**Notes:**

- For scholarship consideration, the applicant must already be accepted and enrolled in the St. Elizabeth Campus Program.
- Please refer to the scholarship instructions for pertinent information about the scholarship program.

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Home/Cell Phone No. \_\_\_\_\_

Applicant's Social Security No. \_\_\_\_\_

Date of Applicant's Acceptance/Start Date in Mercy College Associate Degree Program on the St. Elizabeth campus \_\_\_\_\_

Are you currently working as an MHY employee? \_\_\_\_\_yes \_\_\_\_\_no

If yes, # of hours per week, start date, and in what position/facility?  
\_\_\_\_\_

Do you work elsewhere? \_\_\_\_\_ # of hours \_\_\_\_\_

Place of employment \_\_\_\_\_

Do you have any experience with volunteer work or community service? Please list & explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Background:**

Please list all previous educational programs you have attended and diplomas or degrees obtained.

	Name and location of institution*	Dates Attended	Diploma or Degree Awarded **	G.P.A.
High School				
After High School				
"				
"				
"				

\* Please have an **official transcript** of grades sent prior to March 31<sup>st</sup> from the institution last attended. The official transcript must accompany the application. If the last institution attended is Mercy College, printed transcripts will be accepted (from Mercy College only) and can be obtained from Darnell Irvine, Coordinator Enrollment & Student Affairs. It is your responsibility to make sure that your official transcript from the last educational institution you attended arrives prior to March 31<sup>st</sup>. If the transcript is not received by then, the scholarship application will not be processed.

\*\* If a degree/diploma was not obtained, list number of credit hours earned.

Letters of Recommendation:

Please attach two letters of recommendation (do not include family members). These letters must accompany the application. Failure to provide the letters will disqualify the application.

- One letter from a previous teacher or professor regarding your scholastic abilities.
- One letter from an individual regarding your character and specific noteworthy accomplishments.
- These letters must accompany the application. Failure to provide the letters will disqualify the application.

**Short Essay:**

*Aligning with the mission of Mercy Health Youngstown to extend the healing ministry of Jesus to those poor and underserved, how will a scholarship from the Mercy Health Foundation – Mahoning Valley help fulfill your personal mission?*

(500 words or less. May be hand written or typed and signed.)

Signed \_\_\_\_\_

**Stipulations:**

I understand that if I receive a scholarship, it is for use during the respective school year only at Mercy College of Ohio St. Elizabeth Campus Associate Degree in Nursing Program.

I understand that I **must** attend the awards ceremony in order to receive my scholarship which for 2017 recipients will be the evening of May 24<sup>th</sup>, 2017.

I understand that scholarships are granted to scholastically deserving individuals.

I understand that the decision regarding my scholarship application by the Mercy Health Foundation Mahoning Valley is final.

I understand that the Mercy Health Foundation Mahoning Valley reserves the right to limit the number and size of scholarships.

I acknowledge that to be eligible for a scholarship I must meet all the listed requirements.

I certify that the information in this application is true and correct.

---

Applicant's Signature

---

Date

***Applicant checklist*** (does not need returned with application)

---

Date of Applicant's Acceptance/Start Date in Mercy College \_\_\_\_\_

Review criteria for application:

Completed Scholarship Application \_\_\_\_\_

Transcript of Grades \_\_\_\_\_

Letter of scholastic achievement \_\_\_\_\_

Letter of individual achievement \_\_\_\_\_

Signed essay \_\_\_\_\_

You may return application to:

**Alex Ankerman**  
**Mercy Health Foundation Mahoning Valley**  
**250 DeBartolo Place, Ste. 2560**  
**Boardman, Ohio 44512**

Call **Alex Ankerman** at **330.729.3805** for additional information regarding the scholarship.

Application may also be dropped off at the **St. Elizabeth Youngstown Hospital Nursing Office located on 1 West.**

