

Scholarship Policies, Process and Requirements



Through the generosity of the Mercy Health Foundation Southeast, scholarship opportunities are available for students involved in direct patient care. Preference will be given to students enrolled in programs within the Mercy South service region. Scholarship applications may be submitted until May 31.

SCHOLARSHIP POLICIES:

- FAFSA must be completed prior to the submission of the scholarship application.
- Deadline for scholarship application submission is May 31st of each year.
- Applications and Reference Forms are available online at www.sehealth.org/scholarships
- A GPA of 2.85 or above on a 4.0 scale is required for satisfactory academic standing.
- All scholarship applicants must be enrolled full time per academic cycle.
- Preference will be given to applicants who have successfully completed one term of a two or more year program.
- Scholarship recipients may be eligible to receive a scholarship a maximum of two years, but reapplication for a second year is necessary.
- Eligible candidate's applications will be reviewed after June 15th by the Scholarship Committee.
- The Scholarship Committee will make final determinations based on professional goals, written communication skills, GPA, two reference evaluations and financial need.
- The number of scholarships will be determined each year subject to available funds.
- Scholarship monies awarded will be sent directly to the school where the recipient is enrolled.

SCHOLARSHIP APPLICATION PROCESS & REQUIREMENTS:

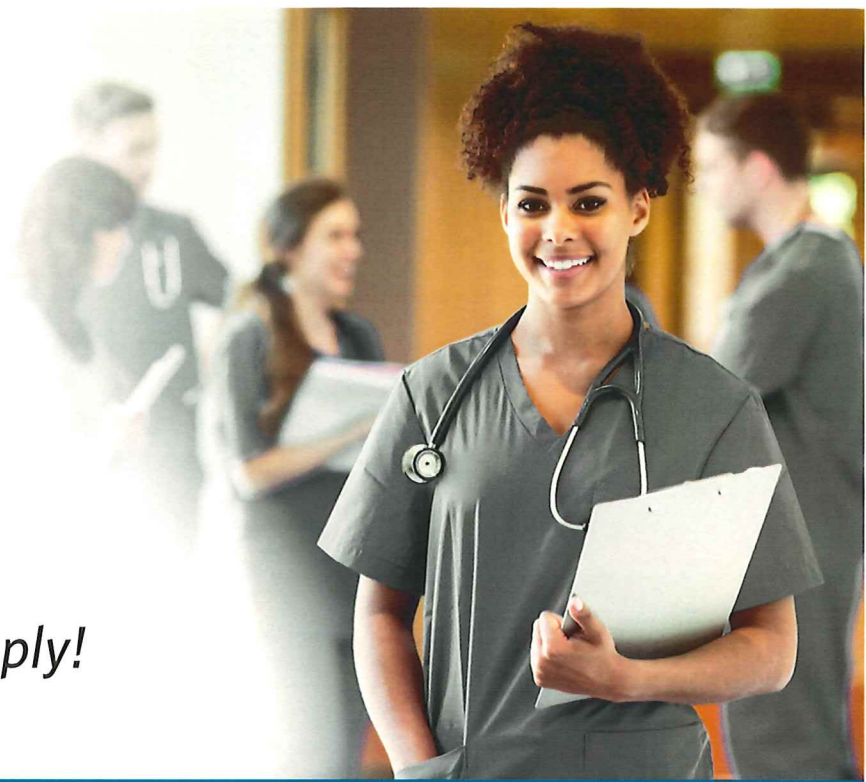
1. **Submit BEFORE deadline:** May 31st
2. **Submit online:** Satisfactory completion of online scholarship application
3. **Submit by mail, email or online:** Acceptance letter or equivalent documentation from the school the applicant is attending
4. **Submit by mail, email or online:** Current FAFSA report
5. **Submitted by mail or email individually from each of two References on the required Reference Form:** References may not be relatives, but may be a current or past employer, instructor, coach, volunteer supervisor or minister and must be submitted on required Scholarship Reference Form. References must be able to attest to the character and qualifications of the applicant.
6. **Submitted by Registrar's Office after spring semester; ordered by student before May 31st:** Transcript including final spring grades must be ordered before May 31st and must be mailed directly from the Registrar's Office to the Foundation.

For more information or questions, please call Mercy Health Foundation Southeast at 573-519-4920 or email questions to foundation@sehealth.org.



Healthcare Scholarships Available

Now is the time to apply!



THE DEADLINE IS
MAY 31

You must have the following to apply

- Scholarship Application
- FAFSA
- Two References
- Official Transcript

Through the generosity of the Mercy Health Foundation Southeast, educational scholarship opportunities are available for students pursuing degrees in healthcare.

If you have questions or need assistance, please call Mercy Health Foundation Southeast at 573-519-4920 or email us at foundation@sehealth.org.

REQUIREMENTS

Preference will be given to students enrolled in programs within the Mercy Southeast service region.

A description and requirements for each scholarship, as well as forms and applications are available online at sehealth.org/scholarships.

You need only to complete one application to apply for multiple Foundation scholarships.

Scholarship Reference Form



1849 Broadway
Cape Girardeau, MO 63701
573-519-4920
sehfoundation.org

Scholarship Applicant's Name _____

This student has applied for a scholarship from Mercy Health Foundation Southeast and is requesting your assistance in providing a reference for them. You may not be a relative. Please complete this reference form and return it by mail directly to the Mercy Health Foundation Southeast or email to foundation@sehealth.org before May 31st. All information will be held in strict confidence.

What is your relationship to the applicant?

- | | |
|---|---|
| <input type="checkbox"/> Current or Past Employer | <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Current of Past Instructor | <input type="checkbox"/> Minister |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Other _____ |

When? From _____ **to** _____

Please rate the applicant in the following characteristics:

	Superior	Above Average	Average	Below Average	No Opinion
Career Potential	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Dependability/Punctuality	_____	_____	_____	_____	_____
Diligence	_____	_____	_____	_____	_____
Financial Need	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Judgment/Decision Making	_____	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____	_____

Continue on Page 2

Application Deadline May 31

Comments

Please explain your assessment of this person. Thank you.

- I recommend this individual with enthusiasm
- I recommend this individual
- I recommend this individual with reservation
- I do not recommend this individual

Reference Name _____

Address _____ Phone _____

Employer _____ Title _____

*I certify that I have no familial ties to the applicant.
I have rendered a fair and impartial recommendation to the best of my ability.*

Reference Signature _____

Date _____

Submission Instructions

Thank you for your help!

Please return completed form by mail to
Mercy Health Foundation Southeast | 1849 Broadway | Cape Girardeau, MO 63701
or email to foundation@sehealth.org before May 31.
573-519-4920

Application Deadline May 31