

High School Seniors!



APPLICATIONS NOW AVAILABLE!

FOR

CLERMONT MERCY HOSPITAL GUILD, INC.

HEALTH CAREERS SCHOLARSHIP

Please contact your Counselor for application information.

DEADLINE FOR SUBMISSION

Monday, MARCH 31, 2024

Applications Due by 5:00 p.m.

Via U. S. Mail or

Guild Email ClermontHospitalGuild@mercy.com

Clermont Mercy Hospital Guild, Inc.
2025 Health Careers Scholarship Program
Information/Instruction Sheet

PURPOSE OF THE SCHOLARSHIP

To provide financial assistance for outstanding High School senior students preparing for courses in related health occupations.

GENERAL INFORMATION

Three \$1000 scholarships will be awarded to successful candidates. **Candidates must submit the following documentation: Scholarship application, H.S. transcript with your class rank to date, an essay answering the questions in item #29 in the application, receipt of two reference letters, one being a school counselor. Candidates can receive only one of the three scholarships being offered.**

ELIGIBILITY REQUIREMENTS

Must be accepted in an educational program in the health care field-medicine, nursing, radiological technology, medical technology, physical therapy, pharmacy, etc.

All applicants must have maintained a minimum GPA of 3.0 or B average throughout high school to be considered for the scholarship. All applicants must reside in Clermont County or Brown County and have demonstrated participation in school and/or community activities.

INSTRUCTIONS FOR SUBMITTING AN APPLICATION

1. Complete the application form
2. Attach a copy of your HS transcript and ask your guidance counselor to indicate your class rank to date.
3. Ask your guidance counselor to provide us your school's grade point system. For example: A 93-100 or 90-100, etc.
4. Submit an essay regarding your interest in the health care field along with your application. See item #29 on the application form for details for your essay.
5. Include two reference letters in sealed envelopes, one being from your guidance counselor.
6. An interview **may** be required for scholarship finalists.

Submit complete application form and accompanying documentation by Monday, March 31, 2025.
All applications must be received on time by U.S. Mail or to the Guild email by 5:00 pm.

Mail to:

Jackie Dieckman
C/o Clermont Mercy Hospital Guild, Inc
Health Careers Scholarship Program
3000 Hospital Drive
Batavia, Ohio 45103

Guild Email: ClermontHospitalGuild@mercy.com

Applications due by Monday, March 31, 2025, 5:00 p.m.,
Via U.S. Mail or Guild email: ClermontHospitalGuild@mercy.com

(PLEASE PRINT OR TYPE)

1. NAME: _____ PHONE: _____

2. HOME ADDRESS: _____

Street	City	State	Zip

3. COUNTY: _____ EMAIL: _____

4. BIRTHDAY:

5. FATHER'S NAMES:

6. FATHER'S ADDRESS: _____

Street	City	State	Zip

7. FATHER'S OCCUPATION:

And PLACE OF EMPLOYMENT: _____

8. MOTHER'S NAME: _____

9. MOTHER'S ADDRESS: _____

Street	City	State	Zip
_____	_____	_____	_____

10. MOTHER'S OCCUPATION:

And PLACE OF EMPLOYMENT:

11. NUMBER OF DEPENDENT SIBLINGS LIVING AT HOME:

12. AGES OF SIBLINGS:

13: LIST OF FAMILY MEMBERS CURRENTLY ATTENDING COLLEGE:

3

14. TUITION FOR THE LISTED STUDENT(S) IS FINANCED IN THE FOLLOWING MANNER(S):
(Please Circle All That May Apply)

- A. FAMILY ASSISTANCE
- B. SCHOLARSHIP
- C. GRANTS
- D. STUDENT LOANS
- E. CO-OP PROGRAM
- F. STUDENT EMPLOYMENT

EDUCATIONAL INFORMATION:

15. SCHOOL CURRENTLY ATTENDING: _____

16. ANTICIPATED DATE OF GRADUATION: _____

17. GIVE A BRIEF DESCRIPTION OF THE TYPE OF PROGRAM IN WHICH YOU ARE ENROLLED:

18. INCLUDE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT.

**PLEASE, ASK A PRINCIPAL OR COUNSELOR TO INDICATE YOUR CLASS RANK TO DATE.
ALSO, HAVE YOUR COUNSELOR PROVIDE YOUR SCHOOL'S GRADING POINT SYSTEM.
EXAMPLE: A = 93-100**

ACTIVITY INFORMATION:

19. List school activities in which you have been involved. Include names of organizations, office(s) held and years enrolled.

20. List any community or church activities in which you have been involved. Include the name(s) of organizations, office(s) held and years involved.

21. List Hobbies: _____

EMPLOYMENT INFORMATION:

22. List last three employers:

Name of Employer	Position Held	Dates
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Name of Employer	Position Held	Dates
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Name of Employer	Position Held	Dates
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CAREER PLANNING:

23. For what health occupation are you planning to prepare? _____

24. What school do you wish to attend? _____

25. Has your application to this school been completed? Yes _____ No _____

If you answered yes, what is the status of the application?

Accepted _____ Rejected _____ On Waiting List _____ Have Not Heard _____

26. Have you applied for additional scholarship? Yes _____ No _____

27. Have you received a scholarship? Yes _____ No _____

28. If so, please, indicate the source of the scholarship and amount. _____

29. Please use a separate sheet to type a composition, which incorporates the answers to the following questions:

- A. When did you first become interested in a health career?
- B. What circumstances or individuals influenced your decision?
- C. What benefits do you hope to derive from this career choice?
- D. What do you believe you may offer to the health care field?
- E. Why are you interested in receiving a Guild Scholarship?

REFERENCES:

30. Please include, with your application, TWO reference letters, one being from your counselor.
An individual being asked to provide a reference letter should be familiar with the quality of your academic, employment and/or volunteer experience. Please DO NOT ask a relative for a reference.

31. Do you waive the right to see these references? Yes _____ No _____

AGREEMENT:

If I am awarded a Health Career Scholarship, it is my intention to complete the educational requirements of my chosen field and to serve as a member of the profession for which I am preparing.

I agree to inform the Clermont Mercy Hospital Guild, Inc. immediately should I make any changes or decision that concerns the continuation of the education I have begun.

I understand that the scholarship will not be awarded if I withdraw from enrollment in the program and/or school I have listed on page 5 of this application.

Signature

Date