



Date: January 22, 2024

To: High School Seniors of
Adams, Brown and Clermont Counties

From: Samir Ataya, M.D., Chief of Staff

On behalf of the Medical Staff of Mercy Health - Clermont Hospital, I am proud to invite you to apply for the **Mercy Clermont Physicians' Scholarship Award**. This is the 19th year of the award which is supported by the funds of the Medical Staff of the hospital. Eligible students are those completing their senior year of high school at a school located in Adams, Brown or Clermont County, and who are preparing to graduate and attend college to pursue a career in healthcare-related fields.

The Medical Staff strongly supports the community surrounding the hospital and extends this action to the youth of the community who will in the future be supporting the community.

We are encouraging financially and academically deserving individuals who meet the criteria to apply for this scholarship opportunity. An application form is enclosed.

The criteria for the application are detailed on the application form. Complete applications must be returned by **March 15th** to be considered.

If you have any questions, please contact Mindy Hays in the Medical Staff Services Office, at mhays@mercy.com or at (513) 732-8327.

Thank you very much.

**PHYSICIANS' CHARITABLE FOUNDATION
2024 SCHOLARSHIP APPLICATION**

DEADLINE FOR SUBMISSION: March 15, 2024

PLEASE RETURN FORM TO:

PHYSICIANS' CHARITABLE FOUNDATION
C/O MEDICAL STAFF OFFICE
MERCY HEALTH-CLERMONT HOSPITAL
3000 HOSPITAL DRIVE
BATAVIA, OHIO 45103

Requirements to Complete this Application:

1. Completed application form including Personal Mission Statement
2. Personal letter of recommendation (cannot be a family member)
3. Letter of reference to support your community service interests and/or achievements
4. High school counselor or principal's signature on application
5. Parental financial need endorsement and testimonial
6. Transcript of high school grades including SAT or ACT scores
7. Applicant's parent cannot be a physician or surgeon
8. Pursuing a career in the medical field (nursing or pre-medicine)
9. Application Checklist – please complete and return with application

1. Personal Information – please legibly print all information

Name: _____

Address: _____

Phone: _____ SSN#: _____ e-mail: _____

High School: _____

High School Guidance Counselor: _____

High School Activities (Student Council/Government, Teams, Clubs, Honors, etc.) (attach additional sheet if necessary):

Community Interests / Achievements / Volunteer Work or Paid Employment (attach additional sheet if necessary):

Health-related Science Career Goals or Interests:

Personal Mission Statement – Vision – Goals – Make a Difference

Please accompany this application with a personal essay limited to 250 words featuring something about yourself and your interests, what you may have gained/given in your community service experiences and how this scholarship will help you to achieve future health care career goals, and any additional pertinent information.

2. Personal Reference (letters should be submitted separately)

Name: _____

Address: _____

Phone: _____ e-mail: _____

3. Community Service and/or Achievement Reference (letter should be submitted separately)

Name: _____

Address: _____

Phone: _____ e-mail: _____

4. Guidance Counselor or Principal's Endorsement

I support the application of _____ for the Physicians' Charitable Foundation Scholarship and certify that he/she has attained a grade point average of _____ for grades 10, 11, and 12 for 3-year high school, or grades 9, 10, 11, 12 for a 4-year high school, through 12/31/22.

Signature: _____

Printed Name: _____

Phone: _____ e-mail: _____

5. Financial Statement and Affidavit

I / We understand as the parent(s) / guardians of _____ that the Physicians' Charitable Foundation Scholarship is awarded, in part, based on financial need and accordingly attest in good conscience that our son / daughter is financially deserving of consideration for this scholarship award. (Parents may attach a separate confidential, optional, description of special factors delineating need for financial assistance for their child if desired. This statement could summarize the family's obligations and resources. This statement can be mailed, separately, if desired to the Physicians' Charitable Foundation, Medical Staff Office, Mercy Hospital Clermont, 3000 Hospital Drive, Batavia, Ohio 45103.

By signing this form I / we attest that all information in this application and all attachments are a true and accurate record.

Parental

Signature(s): _____ Date: _____

Printed

Name(s): _____

Home Phone: _____ e-mail: _____

Applicant's Signature: _____ Date: _____

Printed Name: _____

Affiliation with Mercy Clermont

Special Consideration is given to employees and volunteers of Mercy Hospital Clermont and their dependents. If you or a relative are an employee or volunteer, please give the name and position of that individual.

Name: _____

Position: _____

**Mercy Health – Clermont Hospital
Physicians’ Scholarship Awards
2024**

Application Checklist

Applicant Name: _____		
	Required Items	Included
1.	Application – all sections complete and legible	
2.	Signature: Guidance Counselor/Principal	
3.	Letter(s) of Recommendation	
4.	Letter(s) of Reference from Guidance/Principal/Teacher	
5.	Signature: Parental Financial Need Endorsement/Testimonial	
6.	Transcript of High School Grades	
7.	Transcript of SAT/ACT scores (Can be included with HS Grades)	
8.	Personal Composition (Essay)	
Comments: _____		

