**Business/EducatioN Partnership Scholarship APPLICATION 2018**

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| 1. | Last Name: | First Name: |
| 2. | Mailing Address: Street:City: State: Zip: | |
| 3. | Daytime Telephone Number: ( )  Email Address: | |
| 4. | Date of Birth: Month Day Year Gender: | |
| 5. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA. Your most recent school transcript is required. | |
| 6. | Name of High School attending: | |
| 7. | A. List any academic honors, awards and membership activities while in high school: (Use a separate sheet if  necessary.)  B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use a  separate sheet if necessary.)  C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.)  D. List your work activities: (Use a separate sheet if necessary.) | |
| 8. | College, University or Technical School to be attended: | |
| 9. | Have you been accepted to post high school study yet?  Where: | |
| 10. | Field of Study: | |

### STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Mercy Business/Education Partnership Scholarship program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to Mercy Business/Education Partnership Scholarship policy, it is my responsibility to remit to Mercy Human Resources the appropriate information for my scholarship to be paid directly to me for my fall semester 2021 and each subsequent year for up to 3 years, ending with my fall semester 2021.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

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Applicant Signature Date

**To be completed by Guidance Counselor:**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Mercy Business/Education Partnership Scholarship.

Name of Guidance Counselor submitting the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Contact information (email and phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Guidance Counselor Signature Date

**Counselor is to submit the completed application package to Mercy Business/Education Partnership.**

Please mail complete package to:

**Mercy Human Resources**

**Business/Education Partnership Scholarship**

**1001 E. 32nd Street**

**Joplin, MO 64804**

**For Business/Education Partnership Scholarship use only:**

**Checklist**

\_\_\_ Application and Statement of Accuracy \_\_\_ Essay

\_\_\_ Minimum of 3 letters of recommendation \_\_\_ Guidance Counselor signature

\_\_\_ School Transcript reflecting 7 semesters’ study