

**Friends of Sartori Memorial Hospital and**

**Friends of Covenant Medical Center**

**Application for Educational Assistance  
to Pursue a Degree in a Medical Field**

*All application information is required and confidential.*

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| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| 1. | Name | | | | | | | | | | Date | |
| 2. | Age | SSN | | | | | Telephone | | | | | |
| 3. | Address | | | | City | | | | | State | | Zip |
| 4. | High School Attended | | | | | | | | City | | | |
| 5. | Year of Graduation | | | | | Years Attended | | | | | | |
| 6. | College Credits Earned | | Institution | | | | | | | | Date | |
| 7. | What is your medical career goal? | | | | | | | | | | | |
| 8. | Selected Institution or Place of Training | | | | | | | | | | | |
| 9. | Yearly Cost | | | Have you applied? | | | | Have you been accepted? | | | | |
| 10. | Married? | | | | | Number of Children under Age 18 | | | | | | |

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| **FINANCIAL INFORMATION** | | | |
| 11. | Are you currently employed? | Where? | |
| 12. | Spouse employed? | Where? | |
| 13. | Have you applied for financial aid? | | |
| 14. | Will you work while attending college? | | Are you enrolling full time? |
| 15. | Amount of other scholarships and financial aid you will receive. | | |

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| **Submit electronically by e-mail to christy.stolz@mercyhealth.com.**  **Applications and ALL requested information must be in one email and received by midnight, March 8, 2019.** |