

**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.*

|  |
| --- |
| **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       |

|  |
| --- |
| **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.       |

|  |
| --- |
| **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.** |