

## 2024 Mercy Health St. Rita's Scholarship Application

Mercy Health – St. Rita's Medical Center is pleased to announce our 2024 scholarship program for future medical providers. Twelve (12) one-time \$1,500 scholarships will be awarded to high achieving graduating high school seniors who plan to major in a medical-related field of study.

Recipients will be selected on the basis of high school performance and rigor of coursework; ACT or SAT overall and sub-scores; and response to an essay. Children of associates are eligible to apply, but no preference is provided.

Eligible students must be graduating from a high school located in Allen, Auglaize, Putnam, Van Wert, Hardin, Mercer, Hancock, Paulding, Shelby or Logan Counties in Ohio.

To be considered for the award, high school students graduating in the spring of 2024 must submit:

1. Mercy Health Scholarship Application (this form)
2. An official high school transcript
3. ACT or SAT scores (accepted as official if included on transcript, if not, please submit official print off from ACT or SAT web site)
4. A 1-2-page essay on "Why I believe that this is what I was meant to do."

Scholarship decisions are made by a committee of application readers and all decisions are final. By applying to the scholarship, you agree to the above terms.

**Submit all application documents to:**

Cassie Gillette

Mercy Health – St. Rita's Medical Center

730 W. Market Street

Lima, OH 45801

**All materials must be RECEIVED by:** Friday, February 23, 2024 at 4:00 p.m.

Complete the Information Below:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

High School \_\_\_\_\_ County \_\_\_\_\_

Intended Major \_\_\_\_\_

Intended University or College of Attendance \_\_\_\_\_

Have you ever *shadowed* at Mercy Health St. Rita's? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever *volunteered* at Mercy Health St. Rita's? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever *shadowed* at another medical facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever *volunteered* at another medical facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_