

Mercy Foundation
Kelly C. Morgan Health Care Career Scholarship
SCHOLARSHIP APPLICATION

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone (Home): _____ Phone (Work): _____

Email: _____

Purpose:

The purpose of this scholarship is to financially assist students who are currently enrolled or are going to enroll in an institute of higher education pursuing a career in the healthcare field.

The recipient will receive a \$1,000 scholarship to an accredited institute of higher education. The committee may award up to three scholarships.

Qualification Criteria:

To be considered for this scholarship there are certain requirements that must be met. The qualification criteria include:

- Be enrolled full-time or accepted into a higher educational institution for the current calendar academic school year.
- **Have completed a Free Application for Federal Student Aid (FAFSA).** If federal funding is available to the applicant, the applicant may still apply for scholarship funds. Eligibility for federal loans or grants will not affect whether an applicant will receive an award under the scholarship program.
- Be a U.S. citizen, non-citizen national, or foreign national who possesses a visa permitting permanent residence in the United States.
- Submit all required supporting documentation.

Mercy Foundation will pay out scholarship awards directly to the academic higher educational institution on behalf of the recipient.

There may be more qualified applicants than available funds. The Committee also reserves the option of not awarding funds in the event there are no qualified applicants.

Supporting Documentation

- ☐ Narrative essay in 500 - 750 words or less explaining why they are pursuing a career in a health related field and what their future plans are after graduation.
- ☐ Two reference letters (one personal reference, one professional reference)
- ☐ Copy of Student Financial Aid Award Report
- ☐ Copy of any additional scholarship award letter
- ☐ Current school transcript to date

Completed application and supporting documentation must be received by Mercy Foundation by April 1, 2024. Completed packet can be mailed to:

Mercy Foundation

2700 NW Stewart Parkway

Roseburg, OR 97471

Or emailed to: info@mercygiving.org

Late submissions will not be considered.

By signing below, I authorize the members of the Selection Committee to contact my references, the higher educational institution's Financial Aid Department and college advisor and/or faculty to release any and all information about me to members of the Selection Committee. I warrant that I meet the Qualification Criteria and that all information provided is true and factual.

Signature of Applicant

Date

Kelly C. Morgan Health Care Career Scholarship
Supplemental Information

Name: _____

Number in Household: _____

1. Have you been awarded any additional financial aid/scholarships than reported in your Student Financial Aid Report? Yes ____ No ____ If yes, please list type and amount:

2. Are there any anticipated changes in your financial picture that will impact you during the 2024 - 2025 academic year?

3. Please fill out, to the best of your ability, the following budget worksheet for the 2024 - 2025 academic year excluding your school costs.

Estimated Family Monthly Income		Estimated Family Monthly Expenses	
Job:	Full-time		Rent/House Payment
	Part-time		Utilities
Unemployment Benefits			Phone
Food Stamps/Oregon Trail Card			Car Payment
Child Support			Car Insurance
Financial Aid/Scholarships			Auto Expenses (Gas)
Other			Clothing
			Child care
			Food
			Other
Total Estimated Monthly Income			Total Estimated Monthly expenses