

Southeast Scholarship Application



1849 Broadway
Cape Girardeau, MO 63701
573-519-4920
mercyhealthfoundation.org/southeast

NOTE: Please include your first and last name in all files submitted online and use proper Upper Case/lower case when completing this application.
Scholarship Award Luncheon held the 1st Friday in August - All recipients are highly encouraged to attend to accept their award.

Contact Information

Full name

First*

Middle *

Last*

Student ID or last 4 digits of Social Security number*

FAFSA EFC number*

Maiden Name/other names used

Current Street Address*

Address*

City*

State*

Zip*

Email*

Home Phone

Cell Phone*

Do you work?*

Full Time

Part Time

Not Employed

Name of Employer

Current Title / Position

Are you employed with Mercy?*

Yes

No

Are you a student at Southeast Missouri State University?*

Yes

No

Do you expect to receive other financial aid?*

Yes

No

Are you currently enrolled in SoutheastHEALTH College of Nursing & Health Sciences?

Yes

No

Program Information

Course of Study*

Nursing

Medical Laboratory Technology

Radiology Technology

Surgical Technology

Other

If you chose "other" for level of study, please indicate level.

Level of Study*

LPN

Associate

Bachelor's

Master's / Doctorate

Other

If you chose "other" for level of study, please indicate level.

Educational Institution Attending*

School Street Address

Address*

City*

State*

Zip*

Enrolled as a Full-Time student?*

Yes

No

Length of Program*

Anticipated graduate date (m/y)*

GPA*

Financial Need

Clearly explain your need for financial assistance and how it will help you in achieving your career goals. (600-character limit, which equals about 200 words).

Please Explain*

Career Goals

Clearly explain your career goals. Include a description of your ideal job; level of degree achieved, work atmosphere, location, etc. (600 -character limit, which equals about 200 words)

Please Explain*

Application Certification

I certify the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for enrollment expenses related to the program in which I am entering or enrolled. I hereby authorize the release of personal, scholastic and financial information related to my educational status to Mercy Health Foundation Southeast from any academic institution I have attended in the past and any academic institution in which I am enrolled or may be enrolled as a future student. I further waive my right to view any reference letters submitted on my behalf.*

Yes

No

Submission Instructions

Submitting on or before May 31st*

Yes

No

Two different references required:

- References can be sent by mail or email.
- References must be submitted directly from the person providing the reference.
- References *cannot* be relatives, but may be a current or former employer, instructor, coach, volunteer supervisor or minister.
- References must be able to attest to the character and qualifications of the applicant.

Transcript:

- A transcript with final spring grades must be ordered from the attending registrar's office before May 31.
- Transcripts must be mailed directly from the registrar's office to:

Mercy Health Foundation Southeast

1849 Broadway

Cape Girardeau, MO 63701

Call 573.519.4920 or email: vickie.hoernig@mercy.net with any questions.