



## **Mercy Hospital-Lebanon Mercy Health Foundation GO CAPS Scholarship 2025 Scholarship Guidelines**

1. Applicant must be a High School Senior from one the area schools participating in the Lake Region GO CAPS Medical and Healthcare program.
2. Applicant must submit two (2) letters of recommendation. Letters of recommendation cannot be from a family member and should be included with the application.
3. Applicant must submit, with the application, the most recent available high school transcript as proof of grade point average and enrollment.
4. Applicant must demonstrate leadership potential through extracurricular activities and work/volunteer experiences. Applicant must also demonstrate need for financial assistance.
5. Preference will be given to students who plan to attend a Missouri college, university, or technical school.
6. Scholarship will be payable during the calendar year 2025. To redeem scholarship, recipients must provide proof of college enrollment. Funds for scholarships will be sent directly to the recipient's institution. In the event a recipient does not use all of the funding, the unused portion shall be returned to Mercy Health Foundation.
7. Applications and proof of enrollment must be postmarked, or hand delivered to Mercy Hospital-Lebanon, Attn: Stephanie Breedlove, Foundation/Auxiliary Project Coordinator, 100 Hospital Drive, Lebanon, MO 65536 by **April 01, 2025**.
8. Applications will be reviewed by Mercy Health Foundation and Mercy Hospital Lebanon Administration and scored independently. In case of a tie, student interviews may be required.
9. Two (2) Scholarships will be awarded in the amount of \$1000.00 each.

### **Note to applicants:**

- Please use the original form as provided.
- Application must be typed.
- Use only the space provided. No additional pages should be added, except where specified (i.e. essay, transcript).
- Applications will be scored using the following point system: Extracurricular Activities - 20 points; Community Involvement - 15 points; Scholastic/Academic - 10 points; Financial Need - 15 points; Work/Volunteer Activities- 20 points; and Essay Questions- 20 points.

**Mercy Hospital-Lebanon  
Mercy Health Foundation GO CAPS Scholarship  
2025 Scholarship Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

**High School Information:**

High School: \_\_\_\_\_

ACT Score \_\_\_\_\_ Class Rank \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

College/Technical School Preferences in rank order:                      Applied?   Accepted?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Extracurricular Activities:**

**Honors & special recognition:**

**Work/Volunteer History:**

**Describe your future goals and why you have chosen this field of study:**

**Describe your community involvement:**

**Briefly explain the extent of your financial need:**

**Essay**

Maximum 500 words: "*Why I should receive the GOCAPS scholarship from Mercy Health Foundation Lebanon.*"

**Acknowledgement**

I hereby acknowledge that Mercy Hospital-Lebanon may use my name and photo in public press releases in the event I am awarded a scholarship as a result of this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_