



Name _____

MERCY HEALTH CENTER
HUMAN RESOURCES
QUAILBROOK • 4345 W. MEMORIAL ROAD
OKLAHOMA CITY, OK 73134
405-936-JOBS

Scholarship Program

Mercy offers scholarships for students in various healthcare disciplines. Scholarships are available depending on current market demand.

ELIGIBILITY:

- Must have completed the first half of accredited hours in a Nursing program or degree program in Respiratory. Physical Medicine candidates are eligible to apply after first year of program is successfully completed.
- Must be enrolled and accepted in programs in Surgical Technician, Nurse Assistant or Masters of Nursing program.

TO APPLY, SUBMIT:

- Letter of confirmation of acceptance or currently enrolled in good standing
- Current transcript with grade verification
- Letter of reference from manager or supervisor
- Letter of reference from instructor
- One-page essay stating objectives and goals, purpose and motivation for applying to Mercy's scholarship program
- Complete application for Mercy Scholarship Program

Applicants selected for interview will be contacted to set a date and time for an interview.

THE SCHOLARSHIP PROGRAM ALLOWS STUDENTS TO RECEIVE:

Education program	Scholarship amount	Years of full-time required employment
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<input type="checkbox"/> Certified Nurse Assistant	\$580	1 year as a CNA
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Nursing Assistant scholarships are available from Francis Tuttle Technology Center. Please contact Francis Tuttle directly for the application.

RN program deadlines: December 31 (spring) and June 30 (fall)

<input type="checkbox"/> Associate Degree Nursing	\$4,000-\$6,000	1 year to 18 months as an RN
<input type="checkbox"/> Bachelors Science Nursing	\$4,000-\$8,000	1 to 2 years as an RN
<input type="checkbox"/> LPN to RN	\$4,000	1 year as an RN
<input type="checkbox"/> RN to BSN	\$6,000	1 year as an RN

<input type="checkbox"/> Master's Degree (Deadline: August 1)	\$5,000-\$10,000	1-2 years
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<input type="checkbox"/> Respiratory Program	\$4,000	1 year as a CRT or RRT
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<input type="checkbox"/> Surgical Technician	\$2,000	1 year as a Surgical Tech
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<input type="checkbox"/> Physical Medicine (PT, OT, Speech)	\$4,000-\$8,000	1-2 years as a Therapist
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If nursing scholarship money from Mercy is to be matched by the Physician Manpower Training Commission (PMTTC), the money from Mercy will be given to the PMTC in July and disbursed by PMTC on a schedule agreed upon by the scholarship recipient.

Payment of monies is specified and defined in the scholarship agreement. Grades and specified documents must be received and verified by Recruiter before checks will be issued.

If the student is not employed at Mercy upon graduation due to discontinuing the course of study leading to the completion of the program, failure to meet job requirements and standards, non-compliance with policies, termination of employment, or does not obtain licensure, certification, or registry, repayment of the scholarship money is required as defined in the agreement.

FOR MORE INFORMATION, CONTACT:

Mercy Health Center Employment Services
Quailbrook
4345 W. Memorial Road, Suite 220
Oklahoma City, OK 73134
Phone: (405) 936-JOBS
www.mercycareers.net

MERCY SCHOLARSHIP APPLICATION

All applicants will receive consideration without regard to race, color, religion, creed, sex, age, national origin, disability or veteran status.

PERSONAL

Name (last, first, middle) _____ Date _____

SSN _____ Phone: Home _____ Cell _____

Street address _____ City _____ State _____ Zip _____

E-mail _____

Spouse or alternate contact _____ Phone _____

If not a US citizen, do you have a work permit? Yes No If yes, please give expiration date _____

Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, pled nolo contendere, or received a deferred sentence? Yes No

If yes, please describe _____

(A conviction will not necessarily preclude you from employment.)

STUDY PLAN

Name of school _____

Address of school _____

Program of study _____ Anticipated graduation date _____

Please list the scholarships or loan funds received prior to this application and/or now currently receiving:

RECRUITMENT INFORMATION

Please check reason(s) for choosing to apply for Mercy's Scholarship Program:

Newspaper _____ Co-worker referral Relative/friend _____ Previous co-worker

School/job fair _____ Reputation Visiting family Internet Other _____

WORK EXPERIENCE

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

1. Present (or most recent) employer _____ Business phone _____

Address, City, State, Zip _____

Date started _____ Date ended _____ Supervisor _____ Ending salary _____

Title and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

May we contact your current employer? Yes No

2. Employer _____ Business phone _____

Street address, City, State, Zip _____

Date started _____ Date ended _____ Supervisor _____ Ending salary _____

Title and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

3. Employer _____ Business phone _____

Street address, City, State, Zip _____

Date started _____ Date ended _____ Supervisor _____ Ending salary _____

Title and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

APPLICANT STATEMENT

- I understand upon the receipt of scholarship monies I will be required to work in my chosen profession in a full-time or part-time capacity for a length of time as determined per total scholarship monies awarded.
- The recipient agrees to work at Mercy while fulfilling course work and education requirements. However, awarded scholarships do not constitute employment upon graduation in chosen field. Respiratory is required to obtain a provisional license prior to working.
- I will provide verification of acceptance in _____ (specify) program, current transcript and/or grades each semester during the program, and diploma of completion of the program.

Applicant signature _____ Date _____

BACKGROUND AND POLICE CHECK CONSENT

PLEASE PRINT

Last name	First name	Middle name
Other names used		
Date of birth	Social Security number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race or ethnic group <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Two or more races		
Have you lived outside the state of Oklahoma in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the following:		
Primary state _____		
Under what name? _____		
Primary county _____		
Year(s) From _____ to _____		

I certify that all statements made in this application are true and complete to the best of my knowledge. I also understand that any false statements or omissions in this application will result in my application being rejected or my employment terminated. I do hereby authorize any and all investigations deemed necessary by the hospital to verify the information contained herein and release Mercy from any/all liability resulting from such investigation. I understand that Mercy will not inform me of the details of any references received from previous employers.

Signature _____ Date _____

Mercy Health Center does not discriminate on the basis of race, color, religion, creed, sex, age, national origin, disability or veteran status in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.

Mercy Scholarship Program

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Mercy on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Mercy has received all of the following materials:

- Letter of confirmation of acceptance or currently enrolled in good standing
- Current transcript with grade verification (if applicable)
- Letter of reference from manager or supervisor
- Letter of reference from instructor
- Letter stating objectives for being selected for the scholarship program
- Complete application for Mercy Scholarship Program

Applicant signature _____ Date _____

Print name _____

SCHEDULED INTERVIEW

Date _____ Time _____

FOR OFFICE USE ONLY

BS	IVP	GPA	HCE	WE	RL	OBJ	MF	MCW	LTF	TOTAL

