



Scholarship Information and Application

The scholarship provides financial assistance to community youth who are pursuing education in preparation for a career in health care (e.g. dietician, certified nursing assistant, radiology, technologist, phlebotomist, nurse or physical therapy assistant, etc.)

The Mercy Hospital Lincoln Volunteer Committee awards two \$1000 scholarships to Lincoln County high school seniors pursuing studies in health care. The scholarships are awarded by the Volunteer Committee in memory of Mr. Floyd B. Dowell, Jr., hospital administrator 1989 – 2009.

Scholastic Criteria:

- The student must be accepted in an Accredited College or University for the 2025/2026 academic year and enrolled in a course of study leading to preparation in the health care field as a professional, paraprofessional or technical worker.
- The student can demonstrate financial need.
- The student has maintained at least a 2.5 GPA on a 4-point scale

Eligibility

Any high school senior who is a U.S. citizen who attends a school in Lincoln County (Silex R-I, Elsberry R-II, Troy R-III, and Winfield R-IV), and students home-schooled living in Lincoln County are eligible to apply.

Mail completed application (postmarked on or before Friday, March 28, 2025) to:

Mercy Hospital Lincoln
Attn: Ian Hemmer
1000 E Cherry Street
Troy, MO 63379

The following must accompany your application to be complete:

- Essay
 - Describe in 500 words or less, intended course of study and goals related to work in the health care field.
- Copy of your high school transcript
- Recent picture of self (optional)
- College acceptance letter(s)
- Two letters of reference (prefer one each from an educator and an employer)

Rules for Maintenance of Scholarship

- In the event the student is involved in any disciplinary action with his or her college and/or any law enforcement agency, the scholarship will be subject to review by the Scholarship Committee for possible revocation.
- In the event the student no longer maintains enrollment during the 2025/2026 academic year, scholarship will be revoked.
- All payments will be made directly to the college that the student attends to cover tuition and/or books only. The student is responsible for any additional expenses.



NAME _____

ADDRESS _____ City _____ Zip _____

DATE OF BIRTH _____ Email _____

APPLICANT'S PHONE # _____ ALTERNATE # _____

High School Currently Attending _____

List best ACT Score _____ List best combined SAT score _____

NAME OF PARENTS OR GUARDIANS _____

Your College Plans

College you plan to attend: _____ Have you been accepted? Yes No

Intended course of study: _____

Please list all other scholarships, awards or financial aid for which you have applied, or have been granted (indicate which) for the coming school years:

Name of granted scholarship aid	Value	Have you been granted aid?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you intend to apply for financial aid at the college you plan to attend?? Yes No
 If yes, give details: _____

Academic Standing

List activities and organizations you participated in and the number of years of involvement. Include all scholastic, extracurricular church and civic organizations that you participated in during grades 9 through 12, even those listed in "Positions of Leadership" section. State name of organization and the grades during which you were involved, starting with the most recent: i.e. Boy Scouts, 9, 10, 11.





What positions of leadership have you held while in high school? State name of organization, position and grade(s) position was held from grades 9 through 12, starting with most recent: i.e. Key Club, President, 11; National Honor Society, Secretary, 12.

_____	_____
_____	_____
_____	_____
_____	_____

Honors and Awards

Include scholastic, extracurricular and civic honors and awards during grades 9 through 12. State the nature of award and grade won: i.e. Girl Scout Award, 12. Please do not abbreviate names of awards.

_____	_____
_____	_____
_____	_____
_____	_____

Employment and Community Service

List jobs you have held. Please include baby-sitting and work on a family farm or for a family business, even if not paid. Please list total hours worked, not average hours per week.

Name of Employer	Dates of Employment	Total hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List volunteer work or community service you performed without pay.

Name of Agency or Organization	Date of Participation	Total hours of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your hobbies?





Financial Need

Please indicate your family's adjusted gross income from last year's tax return.

_____ under \$15,000 _____ \$15,000 to \$25,000 _____ \$25,000 to \$50,000
_____ \$50,000 to \$75,000 _____ \$75,000 to \$100,000 _____ over \$100,000

Total number of family members living at home: _____

Number of dependents in your parents' family including yourself: _____

No. of Children _____ Ages _____ No. Attending College _____

Other financial considerations to be noted: _____

Information to be supplied by Principal or Counselor

This is to certify that the above applicant ranks _____ in a class of _____ seniors.

Date of high school graduation will be _____, 2025.

The Committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration.

Dated this _____ day of _____, 2024

Principal or Counselor Signature

Name of High School Phone

By signing this application, I agree, if asked, to provide information that will verify the accuracy of my completed form. If selected as a recipient, I agree to keep the Scholarship Committee fully informed as to my scholastic standing, character and other factors having a bearing on this application. In addition, I will give permission to my school to release my academic records to the Scholarship Committee

I certify, under penalty of perjury, that the foregoing financial need information is true and correct.

Applicant signature Date Parent/Guardian Signature Date

