

2025 Mercy Health Scholarship Application

Mercy Health – St. Rita's Medical Center is pleased to announce our 2025 scholarship program for future medical providers. Ten (10) one-time \$1,500 scholarships will be awarded to high achieving graduating high school seniors who plan to major in a medical-related field of study.

Recipients will be selected on the basis of high school performance and rigor of coursework; ACT or SAT overall and sub-scores; and response to an essay. Children of associates are eligible to apply, but no preference is provided.

Eligible students must be graduating from a high school located in Allen, Auglaize, Putnam, Van Wert, Hardin, Mercer, Hancock, Paulding, Shelby or Logan Counties in Ohio.

To be considered for the award, high school students graduating in the spring of 2025 must submit:

1. Mercy Health Scholarship Application (this form)
2. An official high school transcript
3. ACT or SAT scores (accepted as official if included on transcript, if not, please submit official print off from ACT or SAT web site)
4. A 1-2-page essay on "Why I believe that this is what I was meant to do."

Scholarship decisions are made by a committee of application readers and all decisions are final. By applying to the scholarship, you agree to the above terms.

Submit all application documents to:

Cassie Gillette

Mercy Health – St. Rita's Medical Center

730 W. Market Street

Lima, OH 45801

All materials must be RECEIVED by: Friday, February 28, 2025 at 4:00 p.m.

Complete the Information Below:

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email (Please take care to write legibly, as this will be how we communicate going forward) _____

High School _____ County _____

Intended Major _____

Intended University or College of Attendance _____

Have you ever *shadowed* at Mercy Health St. Rita's? Yes _____ No _____

Have you ever *volunteered* at Mercy Health St. Rita's? Yes _____ No _____

Have you ever *shadowed* at another medical facility? Yes _____ No _____

Have you ever *volunteered* at another medical facility? Yes _____ No _____

Student Signature _____ Date _____