Mercy Foundation North CHRIS LAWLEY MEMORIAL NURSING SCHOLARSHIP			
2018 SCHOLARSHIP APPLICATION			
Please print neatly! Applications are also available online at			
www.supportmercynorth.org			
SECTION A: PERSONAL INFORMATION			
Name: Phone:	E-mail:		
Home Address:	1		
City:	State:	ZIP Code:	
Alternate Contact Person:			
Alternate Home Address:			
Alternate Phone:			
Name of High School Attended:			
SECTION B: COLLEGE/UN			
To be eligible for this scholarship, you must be attending the second year of nursing school at either a community college of four-year college/university for <b>Fall 2018</b> or complete full-time units each semester/quarter.			
Applications and supporting materials mus	t be submitted to:		
Mercy Foundation North: Attn: Chris Lawley Memorial Scholarship St. Elizabeth Community Hospital			
SECTION C: ACTIVITIES, EMPLOYMENT AND GOALS			
<ol> <li>Academic and Extracurricular Activities – List up to four activities you are/were involved in. Briefly describe your responsibilities and explain why these activities are/were important/valuable to you.</li> </ol>			
а.			
b.			
С.			
d.			

 Employment – Please list the last three jobs that you have held, indicating (P) paid or (V) volunteer. Start with your most recent employment. If you have not yet worked or volunteered, please explain.

Dates	Employer	Responsibilities / # of hours per week

3) Why Attend College? Briefly explain why college is important to you. What is your own motivation? What will a college degree mean to you personally and how will you use it?

#### SECTION D: ESSAY

Write and attach a personal essay in which you tell us about yourself. What is important for us to know about you? What area of nursing are you interested in pursuing? You may want to write about one or more of the following: Your personal history, Your goals and dreams, How you cope with challenges, What obstacle(s) you have overcome and how, What you have learned about yourself, etc. **Essay Requirements:** 

### • 8.5x11 White Letter Paper

- Two-Page maximum
- Font size 12 (minimum)
- .75" (3/4 inch) margins
- Double-Spaced

## SECTION E: AUTHORIZATION AND CERTIFICATION

By applying for the Scholarship, I agree that if I am awarded the Chris Lawley Memorial Nursing Scholarship, upon achievement of my nursing degree, I intend to work in a nursing capacity in the health care industry. I may elect to work in Tehama County if I am selected for a suitable position at St. Elizabeth Community Hospital or another health care facility.

#### SIGNATURES

Student	Signature
Date:	-

Parent/Guardian Signature Date:

# Submit by April 30, 2018

#### To:

Mercy Foundation North Attn: Chris Lawley Scholarship St. Elizabeth Community Hospital 2550 Sister Mary Columba Drive Red Bluff, CA 96080