

SCHOLARSHIP APPLICATION

APPLYING FOR: *(Application can be made for multiple scholarships if criteria is met.)*

Stoll Scholarship Criteria: *(see instructions on last page)*

- Accepted and currently enrolled in an accredited nursing program.
- Nodaway County resident.

Auxiliary / Nichols / Wedlock Scholarships Criteria: *(see instructions on last page)*

- Accepted and currently enrolled in an accredited medical education program.
- Resident of northwest Missouri / southwest Iowa.

Application Deadline – August 25, 2023

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Maiden Name/Other Names Used:		Last four digits SSN#:	
Address:		Telephone (cell):	
City:	State:	Zip:	County:
E-mail:			
How long have you lived at your address?			
Are you eligible to work at Mosaic Medical Center - Maryville for one year following graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about the Robert J. Stoll and Lorena A. Stoll Scholarship and/or the MMC – Maryville Auxiliary Scholarship?			
<input type="checkbox"/> Website <input type="checkbox"/> Friend/Co-Worker <input type="checkbox"/> Past Scholarship Recipient <input type="checkbox"/> Other _____			
PROGRAM TYPE: Stoll Scholarship Application only			
<i>Indicate the program in which you are accepted and enrolled.</i>			
<input type="checkbox"/> LPN Certificate		<input type="checkbox"/> Associate Degree Nursing (ADN)	
<input type="checkbox"/> Bachelor of Science Degree Nursing (BSN)		<input type="checkbox"/> Master of Science Degree Nursing (MSN)	
<input type="checkbox"/> Advance Practice Registered Nurse (APRN)			
PROGRAM TYPE: Auxiliary / Nichols / Wedlock Scholarships Application only			
<i>Indicate the program in which you are accepted and enrolled.</i>			
<input type="checkbox"/> LPN Certificate <input type="checkbox"/> Bachelor of Science Nursing (BSN) <input type="checkbox"/> Associate Degree Nursing (ADN) <input type="checkbox"/> Master of Science Nursing (MSN) <input type="checkbox"/> Advance Practice Nurse (APN)	<input type="checkbox"/> Medical Technology (Lab) <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> MD or DO <input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Radiology/Other Imaging <input type="checkbox"/> Dietitian <input type="checkbox"/> Pharmacy <input type="checkbox"/> Social Work <input type="checkbox"/> Other (specify) _____	
Circle the highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4			
High School Attended and Location:			Graduation Date:

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Technical/Vocational School Attended and Location:	Dates Attended:	Degree Earned:
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:
IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.		

ENROLLMENT VERIFICATION

Name of Nursing program in which you are enrolled:	Address:	
Contact Person:	Title of Contact Person:	Telephone:
Current Year in the Program:	Program Start Date:	Cost per semester?
APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE INTO NURSING OR MEDICAL PROGRAM AND SHOW PROOF OF ENROLLMENT.		

EMPLOYMENT

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Do you plan to remain with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name and address of employer:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Work Phone:

FINANCIAL RESOURCES

Indicate how you plan to pay expenses: (check all that may apply)	
<input type="checkbox"/> Family support	<input type="checkbox"/> Summer earnings
<input type="checkbox"/> Other	<input type="checkbox"/> Financial aid <input type="checkbox"/> Employment
Number of people in your family: # of Adults ____ # of Children ____, Ages _____ # Attending College _____	
Other financial considerations which need to be noted:	
Please list current scholarships you are receiving:	
Please list past scholarships you have received:	

PERSONAL STATEMENT

On a separate sheet, submit a personal statement describing your commitment to your chosen profession. This statement is not to exceed one single-spaced typewritten page. **Attach a listing of health care activities you have been involved with.** *(It is important for the selection committee to have this information from all applicants.)*

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Incomplete applications will not be processed.

Stoll Scholarship Application: Questions should be directed to Lisa Ewing at 660/562-7900 or via email at lisa.ewing@mymmlc.com.

Auxiliary scholarship Application: Questions should be directed to Kelsi Meyer at 660/562-7049 or via email at kelsi.meyer@mymmlc.com.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge, and that all funds will be used for educational-related expenses in the current academic year. I hereby authorize the release of personal, scholastic, and financial information related to my educational status from any academic institution. I certify that I am currently enrolled in an accredited nursing or medical education program.

Signature of Applicant:

Date:

NOTE: All eligible applications will be evaluated. Preference will be given to applicants planning to continue their career in the Maryville area. The Scholarship application must be completed in its entirety for the applicant to be eligible for consideration. Completed application should be sent to:

Mosaic Medical Center – Maryville
Attn: Lisa Ewing, Administration
2016 South Main Street, Maryville, MO 64468

Robert J. Stoll & Lorena A. Stoll Scholarship Application Instructions

The Robert J. Stoll and Lorena A. Stoll Scholarship

This nursing scholarship was established by St. Francis Hospital Foundation in memory of Robert J. and Lorena A. Stoll.

Criteria for the Scholarship

The Robert J. Stoll and Lorena A. Stoll Scholarship will be awarded annually to a student enrolled in a class in an appropriate nursing program. The student's permanent residence must be in Nodaway County. The complete application must be submitted to the Mosaic Medical Center - Maryville Administration Office by **4:30 p.m. on Friday, August 25, 2023.**

Complete applications will include:

- A completed application form.
- Official verification of current enrollment in a nursing class
- The applicant's completed personal statement and listing of healthcare-related activities.

MMC – Maryville Auxiliary/ Nichols/ Wedlock Scholarships Application Instructions

Scholarships will be awarded each year to students accepted in an accredited medical education program as funding is available. Applications will be considered from those seeking healthcare careers in the fields of:

- Athletic Training
- Dietetics
- Nursing (LPN, AND, BSN and APN)
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Respiratory Therapy
- Social Work
- Speech Therapy
- MD or DO
- Medical Technology (Laboratory)
- Medical Coding
- Radiology and other Imaging Services
- Other Medical Studies

To be eligible, the recipient must:

- 1) Be currently accepted into the school/program.
- 2) Reside in the area served by MMC – Maryville (northwest Missouri / southwest Iowa).
- 3) The recipient must remain enrolled and maintain a 2.5 GPA.
- 4) Provide one letter of recommendation.
- 5) The complete application must be submitted to the Mosaic Medical Center - Maryville Administration Office by **4:30 p.m. on Friday, August 25, 2023.**