



Sue Fischer Scholarship for Nursing Excellence

Application

2021-2022 Academic School Year

Statement of Scholarship Policies and General Information

General Information

The Mercy Hospital Foundation has established the Sue Fischer Scholarship for Nursing Excellence. Its purpose is to provide an opportunity for nursing students to pursue their academic studies, not to exclude approved internships or professional training. The fund is in memory of the late Sue Fischer in honor of her years of dedicated service to patients and the nursing profession.

Questions about the scholarship and the application form should be directed to Lisa Gleason via email at Lisa.Gleason@allina.com or by calling 763-236-3961.

Recipients will be selected by the Scholarship Screening Committee on the basis of meeting the eligibility criteria. Former recipients are not eligible.

The Committee will be sponsored by the Foundation and will include at least one representative of Mercy Hospital Foundation and at least one representative of the Fischer Family. All participants will be notified via email of the results of the Committee's decision.

Deadline: The completed application must be received by the Foundation by **May 21, 2021**. The award will be presented in July 2021.

Eligibility

1. Applicant must demonstrate some degree of financial need.
2. Applicant must be a full or part-time student enrolled in a baccalaureate degree nursing program and have accumulated enough credit hours to be at least at a **Junior** level. The applicant also may be an associate degree student returning to school or transferring for a baccalaureate degree nursing program or graduate degree nursing program.
3. Applicant must be in good academic standing, minimum 3.0 GPA.
4. Applicant must have demonstrated a commitment of service to others through employment, volunteer service, community service, etc.
5. Applicant must be a resident of the state of Minnesota.
6. Applicant must be enrolled in a higher educational institution in Minnesota.

APPLICATION MUST BE CLEARLY TYPED OR PRINTED IN BLACK INK

SUE FISCHER SCHOLARSHIP FUND FOR NURSING EXCELLENCE APPLICATION

Name of Applicant _____

Current Address _____

Phone (day) _____ Phone (evening) _____

E-mail address _____

Fall 2021 Grade Level: _____ Expected date/year of graduation? _____

Financial Information

Name of Applicant _____

(Last)

(First)

(Middle Initial)

Male _____ Female _____

APPLICANT STATUS

You must answer the following question:

Did or will your parent(s) claim you as a dependent for income tax purposes in: 2020 _____ Yes _____ No
2021 _____ Yes _____ No

How much assistance (in dollars) did you receive from your parents during the 2020-2021 school year? _____

How much assistance (in dollars) will you receive from your parents during the 2021-2022 school year? _____

Indicate your estimates of expenses for the 2021-2022 school year in the following categories:

Tuition _____

Room and Board _____

Books _____

Other Expenses _____

TOTAL _____

List all firm sources of income for 2021-2022 school year in the following categories:

Scholarships, awards _____

Financial Aid _____

Work _____

Parents _____

Other (explain) _____

TOTAL _____

What additional sources of income do you anticipate that are not yet confirmed, such as scholarships or aid applied for but not confirmed?

Indicate the total educational related debt for which you are personally legally responsible. _____

APPLICANT INFORMATION
(married students must include spouse's information)

1. Total size of applicant's household _____

2. 2020 non-taxable income _____

(Social Security, VA benefits, child support, AFDC, unemployment, any non-taxable income).

3. 2020 adjusted gross income _____

Do you plan to work this summer? _____ Yes _____ No

Do you plan to work during the school year? _____ Yes _____ No

Estimate your income available to you next year _____

I voluntarily give the Scholarship Committee the right to make a thorough investigation of my past employment, activities, education and training record. I voluntarily agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, corporations or schools supplying such information. I agree the decision of the Sue Fischer Scholarship for Nursing Excellence Screening Committee will be final.

Applicant's Signature _____ Date _____

Please mail or email the following required items:

- ***Completed application***
- ***Résumé - include educational, volunteer and employment experiences***
- ***Copy of most recent academic transcript***
- ***Copy of most recent FAFSA form***
- ***Two current references with name, address and telephone contact number (teachers, supervisors and/or community service leaders)***

Lisa Gleason
Mercy Hospital Foundation
7590 Lyric Lane NE – Mail Route 53213
Fridley, MN 55432

Lisa.Gleason@allina.com

Please answer the following 6 questions and attach additional pages as necessary:

1. Caring was a core value reflected by Sue Fischer. What does caring mean to you?

2. How or why did you select Nursing as a career?

3. What are your professional and career goals?

4. Briefly describe volunteer or other community service that were not a part of an academic curriculum.

How has this service impacted you?

5. What are your circumstances that make financial aid necessary?

6. What is your connection to Mercy Hospital, if any?

******* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED *******