



Dignity Health®

Mercy Medical Center
Mt. Shasta

HEALTHCARE-RELATED SCHOLARSHIP APPLICATION FORM – 2026

Mercy Medical Center Mt. Shasta: Four (4) \$1,000 scholarships each

Application deadline: Thursday, April 30, 2026 by 3 PM

Mail or deliver to: Mercy Medical Center Mt. Shasta, Administrative Office, 914 Pine Street, Mt. Shasta CA 96067

Print Name: _____ Telephone: _____
Address: _____

Check one:

High School Senior Current College/University student

Career Focus: First choice: _____

Career Focus: Second choice: _____

Complete if you are a high school senior:

College(s) to which you have applied (note if accepted):

School G.P.A.: _____

Signature of school representative for verification (name and title): _____

Complete if you are an on-going college/university student:

What college/university are you attending: _____

G.P.A. _____ (attach copy of grades/classes) Number of units you are taking: _____

Full time student or Part Time student Major: _____

Selection of the scholarship recipients will be determined by the Scholarship Committee, selection is based upon the following:

- Academics – G.P.A. 3.0 or higher
- Character – to be judged from letters of recommendation
- Content of biography
- Content of activities information

1. The application must be filled out completely and be accompanied by a letter of recommendation from a representative of your school (principal, counselor or teacher) plus two (2) additional personal letters of recommendation and the Activity Form. The information submitted will be held in confidence and available only to the committee members.
2. Attach a biography of one (1) typed page, including the following information: What career path do you intend to follow? Why are you suited for this career? Why are you the best applicant for this scholarship?

Applicant signature: _____ Date: _____