

The Dempsey Family Scholarship

As a gesture of appreciation to the personnel of Mercy Health with a preference for St. Vincent Mercy Health Medical Center employees, the Dempsey family has funded an annual scholarship for students attending Mercy College.

The Mercy College scholarship will be awarded to college students studying any major at Mercy College. The scholarship recipient must be an employee or a child of an employee of a Mercy Health St. Vincent Medical Center and be enrolled or enrolling in a two or four-year program at Mercy College. In Fall of 2023 the award will be \$1000.

The Dempsey Family Mercy College Scholarship

Eligibility

Any student who is an employee or a child of an employee of Mercy Health St. Vincent Medical Center may apply. Selection is based on merit and financial need. Recipients are selected by a selection committee based on the application.

Application

Recipient checks will be paid directly to Mercy College in order to be compliant with IRS. The applicant must provide their student ID # for the scholarship to be awarded.

Applications will only be accepted via email. To apply, students need to complete the scholarship form and return the completed form to Mercy Health Foundation by emailing it to Barbara.Lang@mercy.com. Any questions, please reach out via email.

DEADLINE FOR APPLICATION IS

April 18, 2023 @4:00 p.m.

Applications that are not completed in entirety or legible will not be accepted.

The Dempsey Family Mercy College Scholarship Application

Applicant Name: _____ Date: _____

Address: _____

Phone: _____ email: _____

Mercy Health or Mercy Health St. Vincent Medical Center employee name, relationship to applicant, and work email: _____

-
- When did/will you begin your Program at Mercy College? _____
 - What is your anticipated graduation date from Mercy College? _____
 - Year Graduated from High School _____
 - Cumulative High School GPA? _____
 - If applicable current cumulative college GPA? _____
-

In a short essay:

- List any organizations in which you have been involved. (Example: school clubs, activities, sports, church, awards received, volunteer activities, etc.)
- Share any other background information that helps us get to know you and your interests.
- Discuss why you are applying for this scholarship and tell us about your goals.
- Share why you believe you should be selected. Please share any unusual circumstances, special qualifications, family challenges and reasons for choosing Mercy College, and any other pertinent information.

By signing below, I certify that the information on this application is correct to the best of my knowledge and I grant permission to the Mercy Health Foundation office to verify any information that is deemed necessary.

Applicant Signature _____

Date _____

Please return this application to: Barbara Lang Barbara_Lang@mercy.com