

The Dempsey Family Scholarship

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

The CCHS scholarship will be awarded to any student attending CCHS in Fall of 2022. The scholarship recipient must be a child of an employee of Mercy Health with preference for a Mercy Health St. Vincent Medical Center employee and to be in good standing or accepted at CCHS. In 2022 the award will be \$1500.

Central Catholic High School Scholarship

Eligibility

Any student who is a child of an employee of a Mercy Health with a preference for 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 CCHS in order to be compliant with IRS. The applicant must provide the necessary information 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

March 31, 2022 @4:00 p.m.

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

The Dempsey Family Central Catholic Scholarship Application

Name: _____ **Date:** _____

Address: _____

Phone: _____ **email:** _____

Mercy Health or Mercy Health St. Vincent Medical Center employee name and relationship:

- Your grade school and graduation date from 8th grade?
- What is your anticipated graduation date from CCHS? _____
- Cumulative Grade School GPA? _____
- If applicable, current cumulative CCHS 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 CCHS, 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