

## 2026 SCHOLARSHIP – GUIDELINES

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**PLEASE NOTE:** Applications accepted: **Monday, March 30, 2026 – Friday, May 1, 2026, before 4:00 p.m.**

Applicants may APPLY for more than one (1) Scholarship

Applicants may only RECEIVE one (1) Scholarship per year

ALL applications must be mailed. No applications will be received in person.

Applications reviewed by a *Scholarship Review Committee* independent of Mercy Health.

### **PAUL C. BALCOM SCHOLARSHIP:**

**This scholarship is open to all dependent children of part-time and full-time employees of Mercy Health – Lorain Hospital (or any business affiliate in Lorain County) based on their merits, beyond high GPAs.**

- Applicants must be a legally dependent child of a part-time or full-time employee (as defined by Human Resources) of Mercy Health – Lorain Hospital or any business affiliate based in Lorain County, Ohio.
- Applicants must demonstrate average or better in academic achievement. This scholarship is not based on a high GPA, but rather the potential success of the applicant in their chosen field of study and his/her potential must be demonstrated through the materials submitted in the application packet.
- Applicants must satisfy the *Scholarship Review Committee* as to the relevance of the proposed course of study to the applicant's personal and career goals.
- Qualified applicants may be awarded scholarships for post-secondary study at two and/or four-year colleges, technical schools and for industry credentialed programs.
- Scholarships will be awarded without regard to demonstration of financial need.
- The *Scholarship Review Committee* will consider the potential for successful completion of the course of study related to scholarship assistance.
- Independent applications will be required for each scholarship review submittal.
- Scholarship award checks will be made payable to the educational center sponsoring the course of study.

### **FRANCIS PATTERSON, M.D. MEMORIAL SCHOLARSHIP:**

**This scholarship is open to individuals inside and outside of the Mercy Health – Lorain Hospital**

- **Preference shall be given to those students interested in pursuing a career in the healing arts.** All other professions will be reviewed after applications which qualify for first preference have been considered.
- Applications will be honored for collegiate or vocational certification course work.
- Demonstrated financial need may be considered by the committee but is not an eligibility requirement (Documentation as part of application is optional).
- This ***scholarship may be awarded for up to four years*** upon successful re-application in which students document a 2.5 GPA or better and that they meet all the certification or degree eligibility requirements of the educational institute (i.e., have not become ineligible for the degree or certificate for any reason).
- Scholarship award checks will be made payable to the educational center sponsoring the course of study.

### **VELMA PRICE MEMORIAL SCHOLARSHIP:**

**This scholarship is open to diverse culture heritage individuals inside and outside of Mercy Health – Lorain Hospital who are enrolled in nursing education at any level, and/or nurses pursuing certification or credentialing in a health care specialty.**

- Applicants must demonstrate at least a 2.5 GPA or better academic achievement.
- Applicants must satisfy the *Scholarship Review Committee* as to the relevance of the proposed course of study to the applicant's personal and career goals.
- Applications will be honored for collegiate or vocational studies.
- Grants will be awarded without regard to demonstration of financial need.
- The *Scholarship Review Committee* will consider the potential for successful completion of the course of study related to grant assistance.
- Scholarship award checks will be made payable to the educational center sponsoring the course of study.

## 2026 SCHOLARSHIP – APPLICATION INSTRUCTIONS

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Applications accepted: **Monday, March 30, 2026 – Friday, May 1, 2026, before 4:00 p.m.**

### Instructions:

- Type or fill out the application in ink (PRINT CLEARLY). Do not write in pencil. Answer every question.
- Mail application packet to **Mercy Health Foundation Lorain, 360 Cleveland, Amherst, OH 44001** (*Applications will not be accepted in person, via e-mail or fax*). Mailed application packets must be received by the application deadline. Application Deadline: **May 1, 2026, before 4:00 p.m.**
- An applicant may apply for more than one scholarship; however, an applicant may only receive one scholarship per year.
- Regardless of the number of scholarships applied for, applicants should only submit one application packet per year.
- There are no limitations on the number of years a scholarship may be awarded except for the Francis Patterson, MD Memorial Scholarship. Please refer to the Scholarship Criteria/Guidelines for further details.
- It is your responsibility to ensure that the application packet is complete. Incomplete applications will NOT be accepted.

### In addition to Application, Packet must contain:

#### 1. Academic Records:

**College Students:** Enclose an official transcript from your present or most recently attended school.

**High School Students:** Enclose a copy of your most recent report card or a copy of your ACT and/or SAT score report.

Applicants who have been out of school for over five (5) years and are unable to obtain transcripts check here:

- #### 2. Letter of Recommendation: All scholarship applicants must include at least one (1) letter of recommendation in their application packet. Letters can be from teachers, clergy, employers, etc.

- #### 3. Personal Statement / Essay: Must be typed. A personal statement in two (2) pages or less should include information that would help us get to know you and determine your eligibility or needs. Discuss your reasons for choosing your professional goals and what you expect to accomplish because of this award (e.g., medical profession, etc.). Tell us what motivates you to put forth the greatest effort and describe your long-term plans after graduation. You may also include any extracurricular activities in which you participate or volunteer.

***Do NOT reference your name anywhere in your statement / essay as it will be presented as anonymous for the Scholarship Committee's review.***

#### 4. Recent photograph

- #### 5. Questionnaire: Must be typed. On a separate sheet of paper, answer the following questions in five (5) sentences or less.

1. What sets you apart from other college students who could apply for this scholarship?
2. What is one thing that you would like the Committee to remember about you?
3. If you were in the middle of your last year of college/credentialed program and the school should lose its accreditation or discontinue your major/program of study, what steps would you take to keep your career on track?

- #### 6. Previous Scholarship Recipient Statement of Impact: Must be typed. On a separate sheet of paper, applicants who have received a scholarship from Mercy Foundation Lorain during the past three (3) years should report on activities related to their scholarship award during the last year and its impact on their future.

- #### 7. Acceptance Letter: Please include a copy of your acceptance letter in your application packet if you have received it.

## 2026 SCHOLARSHIP – APPLICATION

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Applications accepted: **Monday, March 30, 2026 – Friday, May 1, 2026, before 4:00 p.m.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
           First Name           Middle Initial           Last Name

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check all scholarships you are applying for** (refer to the Scholarship Criteria/Guidelines for eligibility requirements)

- Paul C. Balcom Scholarship**
- Francis Patterson, M.D. Memorial Scholarship**
- Velma J. Price Memorial Scholarship**

*Please Note: If you are a Scholarship Recipient, the funds will be sent directly to the University/Educational Institution you are attending.*

**Related Mercy Health Employee Information (REQUIRED for Paul C. Balcom Scholarship Applicants)**

Employee Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_ Ext.: \_\_\_\_\_

Employment Status:  Full-Time     Part-Time     PRN (Working a minimum of 120 hours per quarter is required)

Length of Service: \_\_\_\_\_ Years \_\_\_\_\_ Months

**Applicant Current Academic Information**

*Educational institution you are currently attending:*

High School / College: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Class Rank: \_\_\_\_\_ GPA: \_\_\_\_\_ Major: \_\_\_\_\_

**Applicant Educational Background**

*Additional education you have received:*

Name of Institution	Certification/Degree	Year
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## 2026 SCHOLARSHIP – APPLICATION

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The educational institution you plan to attend next year:

College: \_\_\_\_\_ Major: \_\_\_\_\_

Have you received an acceptance letter?  Yes  No If not, when do you expect to receive notification: \_\_\_\_\_  
(If yes, include a copy of acceptance letter in your Application Packet.)

What professional field do you intend to enter? \_\_\_\_\_

**Financial Assistance:**

Other scholarships or financial assistance you have applied for or received:

Grantor \_\_\_\_\_ Requested: \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_

Grantor \_\_\_\_\_ Requested: \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_

I hereby grant *Mercy Health Foundation Lorain and The Scholarship Review Committee* permission to contact any of my teachers, supervisors, professional and educational institutions I have attended/applied to/have been accepted for admission/membership, for further information about my attendance, performance, financial circumstances and references. I further understand that if, for any reason I withdraw from the specific program or course to which this application applies, the remaining amount of this scholarship must be returned to the Foundation. Falsification of any information may result in cancellation of the scholarship. **This award may be taxable as regular income.**

I also grant *Mercy Health Foundation Lorain* permission to use my photograph in any scholarship brochures, advertising, publications, etc.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mercy Health Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: March 24, 2026