

MEMORIAL HOSPITAL & MANOR AUXILIARY SCHOLARSHIP

PURPOSE

The purpose of the Auxiliary Scholarship Program is to make scholarships available to persons pursuing an education in health related fields (nursing, x-ray, lab. tech., etc.) who plan to work at Memorial Hospital and Manor following completion of their course.

DESCRIPTION

Three \$500 scholarships will be available to applicants of Decatur, Grady, Miller, Mitchell and Seminole Counties.

INSTRUCTIONS (PLEASE READ CAREFULLY)

Individuals who have been accepted (or anticipate acceptance) in an accredited school will be considered. Only students in good standing will be funded. As part of the application, the following information must be provided to the Auxiliary Scholarship Committee for consideration:

1. Official transcripts from high school and any colleges attended (including grades from the most recent semester) or a GED certificate. Transcripts must be mailed by the school.
2. A verification letter must be sent by the school indicating acceptance into the program, date of acceptance (month and year), and expected date of completion of program.
3. Completed and signed application.
4. Three (3) signed letters of reference must be sent directly to the Auxiliary Scholarship Committee by the individual who writes the reference. References may be from teachers, college professors, previous employers, etc., with no more than one from a pastor or friend.

All correspondence (references, letters, transcripts and applications) must be mailed to:

Memorial Hospital & Manor Auxiliary
Attention: Jan Godwin
1500 E. Shotwell St.
Bainbridge, GA 39819

The deadline for application is June 30th of each year. Qualified applicants with completed files will be notified for an interview during the months following the deadline.

A scholarship of \$500 will be awarded to the approved applicant(s) upon satisfactory completion of one semester's work.

SCHOLARSHIP APPLICATION FORM

Please print or type. All blanks must be completed. Use N/A for not applicable.

PERSONAL INFORMATION:

Full Name _____

Social Security Number _____ Birth Date _____

Present Address _____

Telephone No. _____

Permanent Address _____

Telephone No. _____

Marital Status _____ Spouse's Name _____

Dependant(s) (age and relationship) _____

Give a profile of yourself, stressing factors relevant to your occupational choice and goals. Qualifications you feel you have to pursue your education for your chosen profession, limit to **one typewritten page**. Please attach to completed application.

EDUCATIONAL INFORMATION

What is your professional goal? _____

What is your course of study? Present academic level? _____

What school will you attend this Fall? _____

Full or part-time? _____ Expected completion date? _____

If part-time, specifically what else will you be doing? _____

EDUCATIONAL INFORMATION (Con't.)

List in chronological order all schools attended beyond elementary school, addresses, and degrees or diplomas granted:

Name of School	Degree(s) Received
_____	_____
_____	_____
_____	_____

OCCUPATIONAL INFORMATION:

In what health related fields or activities have you been involved, for recreation or as a volunteer?

Immediate Supervisor	Duty	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all jobs you have held, in the last two years, and indicate whether full or part-time.

Employer	Duty	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are not currently in school, briefly state how you have been occupied since leaving school?

NAMES OF PERSONS WHO WILL SEND REFERENCES:

- 1. _____
- 2. _____
- 3. _____

CONFIDENTIAL INFORMATION

1. Occupation and approximate income. _____

2. Number and ages of children (for whom you are responsible):

3. Do you contribute to the support of any other person (parent, etc.)? List below.

4. Do you have other income such as scholarship(s), loan(s), etc.? List below.

STUDENT CERTIFICATION:

I declare that the information contained in this application is true, correct, and complete.

Signature _____ Date _____

CHECK LIST (To assist you in completing your application.)

- _____ 1. Typewritten page relevant to your occupational choice and goal written and attached to completed application.

- _____ 2. Official transcript(s) requested.

- _____ 3. Verification letter (sent by school) indicating acceptance into program.

- _____ 4. Completed application form signed and mailed.

- _____ 5. Names of persons who will be sending letters of reference to the **Memorial Hospital and Manor and Auxiliary.**

NAME

OCCUPATION (teacher, college professor, previous employer, pastor, or friend).

- _____ 6. Application mailed (date _____).