

**MEMORIAL HOSPITAL & MANOR  
BAINBRIDGE, GEORGIA**

**SCHOLARSHIP ASSISTANCE PROGRAM APPLICATION**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ NO. OF DEPENDENTS \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

**EMPLOYMENT HISTORY**

PLEASE LIST ALL JOBS HELD STARTING WITH YOUR CURRENT POSITION.

PLACE OF EMPLOYMENT & ADDRESS	JOB TITLE	NAME OF SUPERVISOR	DATES OF EMPLOYMENT	REASON FOR LEAVING

PLEASE LIST ALL HIGH SCHOOLS AND COLLEGES ATTENDED.

NAME OF SCHOOL/COLLEGE & ADDRESS	DATES ATTENDED	MAJOR AREA OF STUDY

COURSE OF STUDY \_\_\_\_\_

NAME OF COLLEGE YOU PLAN TO ATTEND \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

HAVE YOU BEEN ACCEPTED FOR ADMISSION? YES NO

OTHER FUNDS AVAILABLE: VA, SOCIAL SECURITY, PELL GRANT, HOPE GRANT, ETC. \_\_\_\_\_

**CO-SIGNER INFORMATION (two co-signers required):**

NAME	ADDRESS	SOC. SEC. # OF CO-SIGNER	TELEPHONE (HOME & WORK)	OCCUPATION & EMPLOYER
			HOME: WORK:	
			HOME: WORK:	

**CHARACTER REFERENCES (three required):**

NAME	ADDRESS	TELEPHONE (HOME & WORK)
		HOME: WORK:
		HOME: WORK:
		HOME: WORK:

DUE TO TIME RESTRICTIONS, MEMORIAL HOSPITAL AND MANOR RESERVES THE RIGHT TO INTERVIEW ONLY A SELECTED NUMBER OF APPLICANTS FOR THE AVAILABLE SCHOLARSHIP. YOU WILL BE NOTIFIED OF YOUR APPLICATION STATUS.

ALL OF THE FOLLOWING INFORMATION AND MATERIALS MUST BE RECEIVED TO BE CONSIDERED FOR THE SCHOLARSHIP:

1. A COMPLETED AND LEGIBLE APPLICATION FORM INCLUDING THE SIGNED PROMISSORY NOTE.
2. OFFICIAL HIGH SCHOOL TRANSCRIPT.
3. OFFICIAL COLLEGE TRANSCRIPT FROM ALL COLLEGES ATTENDED.
4. SAT SCORES (THESE SCORES MAY BE POSTED ON THE TRANSCRIPTS)
5. A HAND-WRITTEN ESSAY OF AT LEAST ONE-HALF PAGE ON A SEPARATE SHEET OF PAPER. THE ESSAY SHOULD INCLUDE AN EXPLANATION OF YOUR GOALS AND HOW THIS SCHOLARSHIP MIGHT HELP YOU ATTAIN THEM.
6. TWO LETTERS OF RECOMMENDATION MUST BE INCLUDED.

**COST CONSTRAINTS**

Cost constraints will be limited to a budgeted amount annually.

**SCHOLARSHIP COMMITTEE**

The Memorial Hospital & Manor Scholarship Committee will meet annually and have the following standing committee member.

Chief Executive Officer  
Assistant Administrator of Human Resources  
Assistant Administrator of Nursing Service  
Assistant Administrator of Physician Relations  
Assistant Administrator of Finance

Ad hoc representatives may be requested to attend as needed when determined by the Scholarship Committee.

I declare that I have read and understand all parts of the application and terms and that I have truthfully answered every question appearing herein.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**MAIL THIS COMPLETED APPLICATION FORM AND RELATED DOCUMENTS TO:**

CATHY WILLIS, ASSISTANT ADMINISTRATOR OF HUMAN RESOURCES  
MEMORIAL HOSPITAL & MANOR  
1500 E. SHOTWELL STREET  
BAINBRIDGE, GA 31717

**TERMS & PROMISSORY NOTE**

1. An application form must be submitted with a letter of acceptance from the applicable program of an accredited college, as well as a transcript of all college grades. The applicant must have completed their basic courses.
2. Upon approval of the applicant, the hospital will make funds available up to \$1500.00 per quarter/semester.
3. Scholarship funds may be applied only toward courses with a "C" or above. The student will make a transcript available at the end of each quarter/semester in order for funds to be available for the following quarter/semester.
4. The applicant will sign a promissory note for the full amount of the funds requested plus interest, and provide two co-signers, acceptable to the Scholarship Committee.
5. A student's scholarship may be terminated if: (a) GPA is below 2.0, (b) applicant does not wish to continue, (c) applicant fails to attend applicable courses for two or more quarters/semesters, (d) applicant is suspended or dismissed from school, or (e) applicant's overall performance is below an acceptable standard as determined by the Scholarship Committee.
6. If the educational program is not completed, if the applicant fails to become professionally qualified for the job trained for, i.e., fails to pass appropriate Board of Registry, or if an applicant fails to fulfill his/her employment obligation with Memorial Hospital & Manor, the scholarship loan must be repaid at an annual interest rate of fifteen percent, accrued from the date the funds were received for the educational notification. The hospital reserves the right to impose a penalty for late payments, i.e., not received by the tenth of each month. Furthermore, the policy requires that legal recourse be taken when two monthly payments have been omitted successively. In the event that an applicant elects not to fulfill the work obligation as stated in the signed agreement, a payment schedule will be provided by the hospital and forwarded to the recipient of scholarship funds and to both co-signers.
7. The hospital reserves the right to revise this policy with the understanding that all current recipients and applicants are provided official notice within thirty days of revision date.
8. The applicant is responsible for paying taxes on this money.
9. The applicant will work on a full time status as an employee at the completion of the degree for one month for each month the hospital paid expenses and receive all pay and benefits being offered to other employees in similar positions at the time of hire.

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APPLICANT SIGNATURE

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DATE