

# FPCB MARVALYNN CARROLL HONORARY SCHOLARSHIP



PERSONAL INFORMATION	NAME:				
	Last	First	Middle	Maiden	
	DOB:		NUMBER OF DEPENDENTS:		MARITAL STATUS:
	ADDRESS:				
	HOME PHONE:		WORK PHONE:		
EMPLOYMENT HISTORY	LIST ALL JOBS HELD BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT				
	EMPLOYER AND ADDRESS	JOB TITLE	NAME OF SUPERVISOR	DATES OF EMPLOYMENT	REASON FOR LEAVING
EDUCATION	LIST ALL HIGH SCHOOLS AND COLLEGES ATTENDED				
	SCHOOL/COLLEGE & ADDRESS	DATES ATTENDED	MAJOR AREA OF STUDY		

COURSE OF STUDY	<b>COURSE OF STUDY</b>		
	NAME OF COLLEGE YOU PLAN TO ATTEND (Circle)	SRTC	ABAC
	WHAT DEGREE ARE YOU OBTAINING?		
	ANTICIPATED DATE OF GRADUATION		
	HAVE YOU BEEN ACCEPTED FOR ADMISSION?	YES	NO
	ARE YOU RECEIVING ANY OTHER FINANCIAL AID?	YES	NO
	IF YES, LIST ALL SOURCES: _____		
ELIGIBILITY	<b>The following information and material is required to be considered for the tuition assistance:</b> <ol style="list-style-type: none"> <li>1. Legible, signed, completed application.</li> <li>2. Official high school transcript</li> <li>3. Official college transcript from all colleges attended.</li> <li>4. SAT/ACT scores. These scores may be posted on the transcripts.</li> <li>5. Minimum one half page essay that includes an explanation of your goals and how obtaining this scholarship assistance will help you attain them.</li> </ol>		
CONTACT INFO	<b>MAIL THIS COMPLETED APPLICATION FORM AND RELATED DOCUMENTS TO:</b>		
	<p>KAREN WILLIAMS, HUMAN RESOURCES  MEMORIAL HOSPITAL &amp; MANOR  1500 EAST SHOTWELL STREET  BAINBRIDGE, GA 39819</p> <p>Questions or need information:  (229) 243-6161  <a href="mailto:hr@mh-m.org">hr@mh-m.org</a></p>		
COMMITTEE	<b>Scholarship Selection Committee</b>		
	<p>The FPCB Marvalynn Carroll Honorary Scholarship Program Selection Committee will meet annually and have the following standing committee members:</p> <p>Executive Leadership Team</p>		
DISCLAIMER	<b>MEMORIAL HOSPITAL AND MANOR RESERVES THE RIGHT TO INTERVIEW ONLY A SELECT NUMBER OF APPLICANTS FOR ANY AVAILABLE SCHOLARSHIP FUNDS. YOU WILL BE NOTIFIED OF YOUR APPLICATION STATUS.</b>		

## SCHOLARSHIP TERMS AND PROMISSORY NOTE

The FPCB Marvalynn Carroll Honorary Scholarship Program is designed to provide regular full time employees with financial support in pursuing courses and educational programs toward a specific degree, which will enhance the employee's skills in current or future work related areas. Employees and students are to submit a scholarship assistance application to the Human Resources Department.

The cost of tuition fees and books for full time employees with uninterrupted employment for more than a year, attending ABAC or SRTC, will be reimbursed by First Port City Bank provided:

- 1 The scholarship application, letter of acceptance from the college attending, and a transcript of all college grades must be submitted.
- 2 Scholarship funds will be applied only toward courses with a grade of "C" or better. Students must provide a transcript at the end of each semester to ensure funds will be available for the following quarter/semester.
- 3 Scholarship may be terminated for the following reasons:  
GPA falls below 3.0  
Applicant does not wish to continue  
Applicant fails to attend applicable courses for two or more semesters  
Applicant is suspended or dismissed from school  
Applicant's overall performance is below an acceptable standard as determined by the Scholarship Selection Committee  
Applicant's employment with the facility is voluntarily or involuntarily terminated
- 4 If the educational program is not completed, the applicant fails to become professionally qualified, and/or the applicant fails to fulfill his/her employment obligation to Memorial Hospital and Manor, the scholarship must be repaid in full plus twelve percent interest, accrued from the date the funds were received. Furthermore, policy requires that legal recourse be taken when payment in full is not received.
- 5 The cost of tuition will be limited to that charged by Georgia state run public institutions , i.e. University systems, state operated vocational/technical schools, etc.
- 6 The facility reserves the right to revise and/or ammend this policy. Recipients and applicants will be provided official notice of changes within thirty days of the revision date. There may also be an annual limit placed on award amounts received.
- 7 The applicant is responsible for paying taxes on this money.
- 8 The applicant will work on a full time status as an employee at the completion of the degree or receipt of a professional license for two years. The applicant will receive all pay and benefits offered to other employees in similar positions at the time of employment.

I delclare that I have read and understand all parts of the application and terms, and that I have truthfully answered every question appearing herein. I further agree to all terms of this application

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SIGNATURE

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DATE