



## **WellStar Sylvan Grove Volunteer Services Scholarship Application**

The WellStar Sylvan Grove Hospital Volunteer Services is offering scholarships to high school seniors and others that are planning to enter a medical field of study.

Guidelines for the scholarships are as follows:

The scholarships are offered to high school seniors, residents of Butts County, employees of WellStar Sylvan Grove Hospital or their children who are pursuing a course of study in a medical field. Those who are currently employed by WellStar Sylvan Grove Hospital and their children may apply regardless of county of residence. Former recipients may apply for another year. All qualified applicants will be given the same consideration. Scholarships will be awarded in a non-discriminatory manner by the WellStar Sylvan Grove Volunteer Services committee.

All applicants must have been accepted or enrolled in an institution of higher learning that offers a program in the applicant's desired medical field (or offers a program that will lead to admission to an institution that offers the desired field.) High school seniors must have a 3.0 or above GPA. Other applicants must be in good standing with their institution.

Applications may be picked up at the high school counselors office, at WellStar Sylvan Grove Hospital or from an Auxiliary Member.

Completed applications must be mailed to:

WellStar Sylvan Grove Hospital Volunteer Services  
P.O. Box 1897  
Jackson, GA 30233.

Applications must be postmarked by April 1. Incomplete applications will not be considered.

**CONFIDENTIAL INFORMATION:**

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**I Please complete if your parents are responsible for your expenses:**

2. Father's Name \_\_\_\_\_  
Place of Employment (Company) \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation and approximate income \_\_\_\_\_
3. Mother's Name \_\_\_\_\_  
Place of Employment (Company) \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation and approximate income \_\_\_\_\_
4. Number and ages of siblings \_\_\_\_\_  
How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

**II Please Complete if you are Married:**

1. Spouse's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation and approximate income \_\_\_\_\_
2. Number and ages of children \_\_\_\_\_
3. Do you contribute to the support of any other person(s) or have other financial obligations? Yes \_\_\_\_ No \_\_\_\_ For example: current loans, amount or date due \_\_\_\_\_

**III Please complete if you are Single and Self Supporting:**

- Occupation and approximate income \_\_\_\_\_
- Number and ages of children \_\_\_\_\_

**IV Other Income Sources:**

Scholarship(s) please list type and amount: \_\_\_\_\_

Loan(s) \_\_\_\_\_ Stipends \_\_\_\_\_

Other \_\_\_\_\_ Please specify \_\_\_\_\_

\_\_\_\_\_

**Student Certification**

I declare that the information reported is true, correct and complete.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL SCHOLARSHIP AGREEMENT**  
**WellStar Sylvan Grove Hospital Auxiliary**

**IT IS AGREED THAT:**

1. The decision of the Scholarship Committee's award is final.
2. Additional personal and/or financial information will be provided to the Committee, if requested.
3. Scholarship funding is to defray the cost of all or part of tuition, books and fees, and is paid to the school of your choice.
4. Monies will be paid to the school after the student's submission of acceptance to a medical program of choice after the completion of all core classes.
5. In the event a student ceases course of study in related medical field, scholarship funding will no longer apply.
6. The committee may request information from school regarding student's standing in medical course of study.

**I HAVE READ AND CLEARLY UNDERSTAND THE ABOVE AGREEMENT.**

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Student: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature of Parent/Guardian/Spouse: \_\_\_\_\_

Witness: \_\_\_\_\_

**List in chronological order all schools attended, beginning with high school. Include name, address and degrees or diplomas granted.**

Name

Address

Degree

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What honors (academic or otherwise) have you received and when?

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**Occupational Information:**

1. What health or science related fields or activities have you been involved in for recreation, or as a volunteer?

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2. If presently employed, list your current employer, duties and income:

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3. List all jobs you have held (Dates, Employer and Type of Work). Indicate whether you were full or part-time.

Employer

Duty

Dates

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4. If you are not currently in school, how have you been occupied since leaving school? \_\_\_\_\_

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**AS PART OF YOUR APPLICATION, PLEASE SUBMIT:**

- 1.** At least two or more letters of reference from a teacher, counselor, supervisor or clergy with current date, appropriate letterhead and in a sealed envelope.
  - 2.** An essay including the following: Profile of yourself (including your name) stressing factors relevant to your occupational choice and goals. Stress qualifications you feel you have in order to pursue your education in your chosen profession.
  - 3.** An OFFICIAL high school and/or college transcript and available aptitude and achievement tests. High school is needed ONLY if you are entering your freshman year of a medical related program through college, technical or a hospital-based program.
  - 4.** OFFICIAL PROOF OF ACCEPTANCE (if not currently enrolled) from the educational institution you will attend. If currently enrolled, Official Proof of Attendance.
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