



## **Effingham Health System Auxiliary Scholarship Fund**

Application must be submitted with all documentation by **April 22, 2022**.  
**Year 2022-2023**

The award amount is \$500.

Completed application to: Rosemary Alexander, 110 Laurel Pointe Dr., Springfield,  
GA 31329 or School Counselor (Must include all documents.)

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Remember to meet these qualifications  
and turn in all paperwork with your application.

- Have a 3.0 GPA
- Include a letter of acceptance from a college (or copy of your application) offering a program of study leading to a medical career. Keep your original acceptance letter and provide a copy only.)
- You can apply if you plan to go to a technical school, 2 year or 4 year school, are **at least a high school senior or in college**.
- Write an autobiographical sketch including your plans for a health field career.
- Submit a photograph of any size.
- Must be a resident of Effingham County.
- Include three written letters of recommendation. Recommendations must be in a sealed envelope and cannot be from personal friends.
- Show evidence of financial need in pursuance of a career in the medical field. List income from all sources in your household.
- Include an official high school transcript or college transcript, if applicant is in college. Transcripts must be in a sealed envelope.

**Please note that scholarship funds for the recipient will be disbursed to the chosen college or institution and not to the applicant.**



**Effingham Health System Auxiliary Scholarship Application  
2022-2023**

**Personal Information:**

Full Name\_\_\_\_\_

Last four Digits of Security Number\_\_\_\_\_ Birth Date\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Parent(s) Telephone\_\_\_\_\_

Your Cell Telephone\_\_\_\_\_ Your E-mail\_\_\_\_\_

Your Marital Status\_\_\_\_\_ Spouse Name\_\_\_\_\_

What **college** do you plan to attend?\_\_\_\_\_

College Full Address\_\_\_\_\_

**Education Information:**

What is your professional goal?\_\_\_\_\_

Have you had a conversation with someone in your field of interest?\_\_\_\_\_

Have you shadowed or been in a workplace in your field of interest?\_\_\_\_\_

Will you attend school\_\_\_ Full Time\_\_\_ Part Time \_\_\_\_\_

What Honors (academic or otherwise) have you received: \_\_\_\_\_

What other scholarships have you applied for:\_\_\_\_\_

**Occupational Information:**

In what health or science related fields or activities have you been involved in for recreation or as a volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all jobs you have held and indicated whether they were full time or part time.  
Paid work and volunteer work can be listed.

**Employer**                      **What kind of work did you do?**                      **Dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Confidential Information: Family Income information.**

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Occupation and Income \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Occupation and Income \_\_\_\_\_

Age of Siblings \_\_\_\_\_

How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

Does family contribute to the support of any other person(s)? \_\_\_\_\_

\_\_\_\_\_

**Student Certification:**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Scholarship Agreement:**

It is agreed that:

1. The decision of the Scholarship Committee's award is final.
2. Further personal and/or financial information will be provided to the committee if requested.
3. Scholarship funding is to defray cost of tuition and is paid to the Georgia School of your choice.
4. In the event the student does not start school or ceases course of study in related health field, the scholarship funding will not apply and therefore the award will not be paid.
5. If the award check is not signed at your school financial office within thirty (30) days of receipt at your school the check will be canceled and the award withdrawn.

**Student and parent(s) have read  
and clearly understand the above agreement.**

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Student Signature \_\_\_\_\_

Parent(s) or Guardian(s)

Signature \_\_\_\_\_

**The deadline for this application and all documentation is  
**April 22, 2022.** (No late applications will be accepted.)**