



OFFERS

Academic Scholarships

SCHOLARSHIP REQUEST FORM (SELECT 1 ONLY)

EDUCATIONAL & JOB TRAINING SCHOLARSHIP

Eligible Peach State Health Plan members enrolled in a two (2) or four (4) year college, vocational, or technical school have a chance to receive a \$10,000 scholarship to support their education.

Submission deadline is May 1st, 2024.

This scholarship may be for you if you are/will be:

- 18 years of age or older at the time of school enrollment.
- Accepted to and enrolled as a full-time student at a two (2) or four (4) year college, vocational, or technical school.

ELIGIBILITY REQUIREMENTS

To qualify applicants must:

- Be an eligible Peach State Health Plan member.
- Be 18 years or older at the time of school enrollment.
- Be a high school graduate or hold a GED certification.
- Submit a completed Scholarship Request Form.
- Submit proof of acceptance with full time enrollment status to a two (2) or four (4) year college, vocational, or technical school for 2024 Fall Semester.
- Submit a 500-word essay: **Share your story. Imagine that you have one superpower. What would it be, and how would you use it to change your community?**
- Submit a list of volunteer hours completed. Include a list of any civic organizations that you are involved in.
- Submit a signed photo consent and HIPPA form.
- Submit a copy of your Georgia ID or driver's license and school ID.

COLLEGE BOUND DORM ROOM SUPPLIES SCHOLARSHIP

Eligible Peach State Health Plan members classified as incoming college freshman can receive this scholarship to assist in purchase of dorm room supplies.

Submission deadline is May 1st, 2024.

This scholarship may be for you if you are/will be:

- 18 years of age or older at the time of school enrollment.
- An eligible Peach State Health Plan member.
- Considered an incoming college freshman.

ELIGIBILITY REQUIREMENTS

To qualify applicants must:

- Be an eligible Peach State Health Plan member.
- Be a high school graduate.
- Be 18 years or older at the time of school enrollment.
- Submit a completed Scholarship Request Form.
- Submit proof of acceptance to college or university for 2024 Fall Semester.
- Submit a list of volunteer hours completed. Include a list of any civic organizations that you are involved in.
- Submit a signed photo consent and HIPPA form.
- Submit a copy of your Georgia ID or driver's license and school ID.

**APPLY FOR A PEACH
STATE HEALTH PLAN
SCHOLARSHIP**

*Here's how
you sign up*



1. Call **1-800-704-1484** and request a scholarship program packet.
2. Send your completed scholarship program packet to:
PeachStateMembersVAB@centene.com.
Be sure to put **[secure] Peach State Health Plan College Scholarship Request** in the subject line of your completed scholarship program packet email submission.
3. Check your email for a submission confirmation.

Winners will be announced in July 2024.

PRINT CLEARLY:

Name

Member ID

Address

High School attended (proof required)

College or University attending (proof required)

RESTRICTIONS

- Limit of one (1) Peach State Health Plan applicant per household.
- One (1) \$10,000 scholarship per person per lifetime.
- A limited number of scholarships will be awarded.
- \$10,000 scholarship recipients must submit proof of acceptance to and enrollment as a full-time student at a two (2) or four (4) year college, vocational, or technical school.
- College-Bound Dorm Supplies scholarship recipients must submit proof of incoming freshman status.

Thank you for your interest in the program.



Visit PickPeachState.com to learn more. If you have any questions, please contact us at 1-800-704-1484 (TTY/TDD 1-800-255-0056)



Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Do you need help understanding this? You can get information in another language, large print, braille or audio. Call: 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Peach State Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Peach State Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-704-1484 (TTY/TDD 1-800-255-0056).