Baptist Memorial Hospital-Tipton Auxiliary Health Science Scholarship—2026

CRITERIA (with boxes for check list)

1. **Qualifications/Eligibility**
   - Tipton County Resident and USA Citizen
   - Health Science is a goal (or continuing education). A change in goal from the Health Science Profession will void the scholarship.
   - Have demonstrated leadership abilities through participation in community services or in other extracurricular activities.
   - GPA for high school applicants is 3.0 or higher. GPA for college applicants is 3.0 or higher.
2. **Required Documentation**
   - **Application**—Each applicant **must** submit a completed and timely application. An application will be considered incomplete and not processed if all instructions have not been followed or the material presented is insufficient (i.e. blanks; incomplete addresses, etc.) to permit an adequate review. Do not send application, supplemental, or corrected material after the deadline date. Applications must be typed or completed with the use of a black or blue writing ink pen. The members of the BMH-Tipton Auxiliary will not accept any application packet or portion thereof that is filled out with a pencil. Application and required documents should be neat and easy to read. Materials should be impeccable in terms of appearance and legibility. Mail the completed application packet so that it is received or postmarked on or before the deadline of **March 2 by 4 PM.** Application packet should be mailed to

     Baptist Memorial Hospital-Tipton Auxiliary
     ATTN: Scholarship Committee
     1995 Highway 51 South
     Covington, TN 38019

     **The switchboard operator at the hospital's front entrance desk will also accept applications which will be date stamped and placed in the Auxiliary's mailbox.

     ***Past recipients or applicants must complete a new application which includes a new original essay.

   - **Official Transcript**—An official copy of the applicant's high school transcript sealed in an envelope must be included in the application packet. Submission of the application along with the required documents for this scholarship constitutes your authorization for the BMH-Tipton Auxiliary Scholarship Selection Committee to review your academic record. (**For students in college, an official copy of his/her college transcript must be provided in the application packet. No high school transcript will be required by currently enrolled college students.)

   - **Letters of Recommendation**—Each packet must include TWO letters of recommendation. One of the letters must be from a faculty member who has taught the applicant. Each letter must include the reference's name, address, telephone number, and information regarding how long and in what capacity he/she has known the applicant.

- **Résumé**—Refer to the attached résumé instructions.

- **Essay**—Each applicant must provide a 500-1000 word essay focusing on "Describing why you chose to enter into the health science profession and how you plan to apply your decision upon graduation." Essay technical requirements are as follows:
  - Double spaced
  - 12 point font size
  - One inch margin on all sides
  - Submit original only
  - Submit in English language
  - Certify authorship/originality at the end of the essay

The essay will be evaluated on originality, content, thought provoking ideas, innovation, grammar, and previously unpublished.

Applicant must certify the authenticity of the writing at the end of your essay by affixing the below statement and then signing beneath it.

***Sample**	I certify that I personally wrote this essay. Your Signature
***This is a sample. Do not sign here. Your personal authenticity of writing is placed at the end of your essay.	

- **Application Submission Instructions**—Do not staple or place paper clips on any documents in this submission packet. White-out or line through with an ink pen any sensitive information, such as social security numbers on any documents. Sealed documents from schools or from recommendations will be accepted with staples or paper clips.

3. **Recipient's Responsibility**
   - A student who receives a scholarship is required to be in the health science field of study for the one time scholarship fund. It is the recipient's responsibility to notify the Auxiliary of any change of field of study so that the next eligible student may be contacted.
   - Recipient is responsible in contacting the Auxiliary with information about his/her school/university/college to attend. The Auxiliary will contact the school/university to verify status and field of study before the scholarship check is sent to the school/university. The scholarship fund will not be sent to the student.
   - Amount to be rewarded to the recipient(s) will depend each year on the amount in the Scholarship account.

2026 RÉSUMÉ CRITERIA

All Applicants...

Create a résumé that includes the following information:

□ your school activities (student government, sports, publications, school sponsored community service programs/organizations, student-faculty committees, arts, music, etc.) listed in descending order of significance including the dates or years and offices.

*** If you are in college or already in the health science field and are planning to return to college, list any medical organizations and activities that you are currently or have been involved in, include dates or years and office held.

□ your public service, volunteer, and community or civic activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List items/activities in descending order of significance.

□any part-time/full-time jobs, non-government interns, and government activities (internships with government agencies, partisan political activities, ROTC, municipal boards, and commissions). List your student government activity under item 1.

Pre-Submission Checklist

Please ensure your application meets the following 100% compliance standards. Incomplete or incorrectly submissions will not be considered.

[ ] No Blank Spaces: Every line must be completed or marked "N/A" if applicable. Written in black or blue ink or typed.

[ ] Authenticity Statement: This must be present at the conclusion of your essay

[ ] No fasteners: Remove all staples and paper clips from your documents unless any are in a sealed envelope

[ ] Required Pages Only: Include only your responses/documentation; do not return the criteria/instruction sheets

[ ] Suggestion-Have a third party verify that all components are present and correct

Judge's Criteria

Each application will be given to four judges independent of the Auxiliary. They are given a score sheet for each application. Each judge is given the applicant's criteria and is asked to score impartially. The scores are then averaged. Below are the criteria for the judges to use for scoring. Because we are committed to the future of healthcare, our selection criteria are uncompromisingly high to ensure we invest in those who demonstrate readiness for the challenges and integrity of health science.

1. **Applicant's commitment to community, church, school—including volunteer activities**

2. **Applicant demonstrates unique leadership and education—including correct grammar and spelling**

3. **Applicant's characteristics or personal traits**

4. **Applicant's information pertinent to show applicant's determination to enter health science profession (classes in school, activities, volunteering, part-time/full-time jobs, etc.) [or to continue career for college students]**

****If a judge knows an applicant and does not feel that he/she can be impartial, he/she is asked to note it and to explain to the Auxiliary member who asked him/her to judge the applications.**

Scholarship Application ***Deadline: March 2nd; 4PM

Baptist Memorial Hospital-Tipton Auxiliary Health Science Scholarship—2026

You are to submit all documentation to Baptist Memorial Hospital-Tipton Auxiliary, ATTN: Scholarship Committee, 1995 Highway 51 South, Covington, TN 38019.

I, _____, have read and understand the requirements of the Baptist Memorial Hospital-Tipton Auxiliary Scholarship Application submission process. I authorize school personnel of my high school or college to release transcripts of my academic record and other information requested for consideration by the Baptist Memorial Hospital-Tipton Auxiliary Scholarship Selection Committee. I understand that this application will be made available only to qualified individuals who need to see it in the course of their duties. I waive the right to access any sealed prepared and/or written documents in support of my application submission process. If selected for a one time scholarship, I agree to allow my photo and mini-biography to be posted in local newspapers and hospital circulars. I also affirm the information contained is true and accurate to the best of my knowledge and belief.

Date _____ **Signature** _____

*Parent/Legal Guardian's Signature is required if applicant is under 18 years of age.

Parent/Legal Guardian's Signature _____

Legal Name in Full
Print or Type

Complete Address of Permanent Residence

Complete Name of Your **Current High School or College (Include Complete Mailing Address)**

Name of College and Complete Mailing Address -Scholarship Fund to be sent

Home Telephone—(_____)_____ or None _____

Cell Phone—(_____)_____ or None _____

- ☐ I am a Citizen of USA.
- ☐ I am a resident of Tipton County.
- ☐ I am pursuing a career in the health science profession.