

Emory Johns Creek Hospital Auxiliary Scholarship Checklist

It is very important that your application is complete and all necessary attachments are included. Applications will not be considered if they are incomplete.

- All blanks must be filled in. If it is necessary to fully answer a question, attach an extra sheet of paper with the information. If a question does not pertain, please use n/a.
- You must **submit two (2) signed letters of recommendation** along with the application. One should be from a teacher or counselor. These should be on appropriate letterhead in sealed envelopes.
- Please include a **short** essay telling us a little about you, your career goals and the reason you chose a health-related field of study.
- Official transcript from the last educational institution you attended (i.e., high school or college).
- Verification letter from school indicating acceptance into the health-related program, date of acceptance (month and year), and proposed date of graduation (month and year).
- Completed and signed application, agreement.
- All completed and signed applications must be received by the Auxiliary Scholarship Committee **no later than April 1, 2010**.
- Scholarship recipients will be notified, in writing, **on or before June 1, 2010**.
- **Please note that all decisions by the Auxiliary Scholarship Committee will be final.**

Completed applications, with all necessary attachments, should be mailed to the following address:

Emory Johns Creek Hospital Auxiliary
Scholarship Committee
c/o Joan Holt
7545 Brookstead Crossing
Johns Creek, GA 30097

Please do not drop completed applications off at the hospital.

SCHOLARSHIP APPLICATION
Emory Johns Creek Hospital Auxiliary

PERSONAL INFORMATION:

Full Name _____ DOB _____

Address _____

Phone Number _____ Cellphone Number _____

Marital Status _____ Spouse's Name _____

EDUCATIONAL INFORMATION:

What is your professional goal? _____

What school will you attend in the fall? _____

Have you received an acceptance letter? _____

Full or part-time? _____ Expected graduation date _____

If part-time, specify what else you will be doing _____

List in chronological order all schools attended, beginning with high school, giving addresses and degrees granted:

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

OCCUPATIONAL INFORMATION:

List all jobs you have held (dates, employer and type of work). Indicate full or part-time.

Employer	Duty	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIDENTIAL INFORMATION: Supply information as applicable: Person(s) responsible for educational expenses: _____ Parents _____ Spouse _____ Self

IF PARENTS ARE RESPONSIBLE FOR YOUR EXPENSES, PLEASE COMPLETE:

Father's Name _____

Place of employment (name and address) _____

Occupation and approximate income _____

Mother's Name _____

Place of employment (name and address) _____

Occupation and approximate income _____

Number and ages of siblings _____

How many in school _____ In college _____

IF MARRIED, PLEASE COMPLETE:

Spouse's Occupation and approximate income _____

Place of employment (name and address) _____

Number and ages of children _____

IF SINGLE AND SELF SUPPORTING, PLEASE COMPLETE:

Occupation and approximate income _____

Number of children and ages _____

OTHER INCOME SOURCES:

Please list **ALL** scholarship(s), loans, stipends, or other income sources (be specific including amounts)

STUDENT CERTIFICATION

I declare that all the information contained in this application is true, correct and complete.

Signed: _____ Date: _____

SCHOLARSHIP AGREEMENT

Emory Johns Creek Hospital Auxiliary

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. This could be a personal interview.
3. Scholarship funding is to defray cost of all or part of tuition, lab fees, and registration. It can also be applied to the cost of books, special fees, special equipment needed, and uniforms that are necessary in the course of study. Scholarship money will be sent directly to the school. **Scholarship funds cannot be used for room and board.**
4. College and student agree that in the event the student ceases course of study in a health-related field, the scholarship will no longer apply. Unused balance of funds will be refunded to the Emory Johns Creek Hospital Auxiliary.
5. Applicants, except scholarship recipients, may request to have their applications returned after June 1, 2010. Please notify the committee if you wish for us to do so. If you do not request your application returned, applications will be disposed of within two (2) weeks of that date.

I have read and understand clearly the above Agreement.

Dated: This _____ day of _____, 2010

Signed: _____
Student

Signed: _____
Parent or Guardian Parent if applicant is under 18

Witness: _____

Witness: _____

For the School:

Name and Title

Date: _____