

Health Career Scholarship Fulton County High School Seniors

The Woodlawn Hospital Auxiliary Health Career Scholarship is designed to facilitate the development of an educated healthcare workforce. The Auxiliary is pleased to offer scholarships to Fulton County high school students pursuing healthcare vocations at an accredited college.

Scholarships will be given to applicants on the basis of academic performance, educational goals, financial need and other factors related to school, and community involvement. A limited number of scholarships will be awarded to each school. The Scholarship Committee will review all applications and notify the recipients in May.

ELIGIBILITY REQUIREMENTS

To qualify for a scholarship all applicants must meet the following requirements:

- ❖ resident of Fulton County,
- ❖ graduating high school senior,
- ❖ accepted in an accredited college program, pursuing a career in a healthcare related field, and
- ❖ available for a personal interview if requested.

This scholarship will not be awarded on grades alone. If you have recently decided to go to college or technical school and your desire to do so is not reflected in your grades, please feel free to apply.

OBLIGATIONS

Acceptance of the scholarship constitutes permission for Woodlawn Hospital to use the recipients' name, information and/or pictures for publicity purposes.

INSTRUCTIONS

Applications may be obtained at <http://rhs.zebras.net/guidance/current-scholarships> or from Woodlawn Hospital Community Relations Department. Applicants must complete the application packet and submit all requested information. Any additional information you feel would be of interest to the committee, please include on a separate sheet. Turn in your completed application and statement of interest on or before **April 6, 2018** to:

Rochester Community High School, Guidance Office

Please note it is your responsibility to ensure all materials are complete and submitted on time. Incomplete or late applications will not be considered.

Recipients will be announced in May and will be awarded funds in two installments. Should you have any questions about the application, or any of the requirements, please contact Deb Paxton, Community Relations Director, Woodlawn Hospital, at (574) 224-1179.

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All requested information is mandatory. Please type or print clearly.

GENERAL INFORMATION		
Name (first, middle, last):		
Gender: Male Female	Date of Birth:	Social Security Number:
Home Address:	City, State, Zip:	County:
Daytime Phone Number:	Cell Number:	Other Number:
Father's Name (first, last):	Place of Employment:	Job Title:
Mother's Name (first, last):	Place of Employment:	Job Title:
List Dependents in Household (name, age):		Number of Dependents in College:
EDUCATION & EMPLOYMENT INFORMATION		
Name of High School:		Cumulative GPA:
Name of College:		City, State:
Have you been accepted?	Planned Major:	Estimated Date of Graduation:
Do you plan to live on or off campus?	Do you plan to have a job while going to school?	Do you plan to participate in community activities while at school?
List extracurricular activities you are currently involved in (volunteering, church, clubs, sports, etc.):		
List awards, honors, certificates you have received within the past four (4) years:		
List and describe the jobs you have had in the past four (4) years:		

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FINANCIAL INFORMATION		
Applicant's Annual Gross Salary:	Parent(s) Annual Gross Salary:	List other sources of income and dollar amount:
Estimated Cost of Tuition:	Estimated Cost of Books and Supplies:	Estimated Cost of Room & Board, if on campus:
Have you received financial aid or scholarships? If yes, please list sources and dollar amounts:		

STATEMENT OF INTEREST
<p>On a separate piece of paper, discuss why you feel you qualify for this scholarship, and how additional education would help you achieve your future goals. Please address the following questions:</p> <ul style="list-style-type: none"> What challenges have you faced and overcome to get where you are today? What led you to choose a career in healthcare? Have you had any experience in your chosen healthcare field? What are some of your future goals and aspirations?

CERTIFICATION
<p><i>I certify that all of the information disclosed in this application is correct to the best of my knowledge.</i></p>
<p>Applicant's Signature: _____ Date: _____</p> <p>Parent's Signature: _____ Date: _____</p>

After completing and signing this **APPLICATION**, return it along with a High School **TRANSCRIPT** and prepared **STATEMENT OF INTEREST** to the RHS Guidance Office.

The scholarship packet must be turned in no later than April 6.

Thank you for your interest in the Woodlawn Hospital Auxiliary Health Career Scholarship!

