

Jean Cory Youth Scholarship

Check list

Name of Applicant: _____

Name of Hospital and District _____

- _____ Completed and signed application
- _____ Acceptance Letter from Technical School, College/University
- _____ Original High School Transcript (not a fax)
- _____ Two signed letters of recommendation on Letterhead from a
Teacher, pastor, employer
- _____ One-page double spaced narrative discussing why he/she has chosen that
specific medical field
- _____ A list of activities and honors
- _____ GPA of 3.0 or above
- _____ Student completed 80 hours of volunteer service in their local hospital

Scholarship Chair/President's Comments:

Scholarship Chair/President's Signature _____ Date _____

The Jean Cory Youth Scholarship

Application

Council on Volunteers of the Georgia Hospital Association

*Follow Directions exactly. Please print or type. All blanks must be completed. Use N/A when not applicable. Blank spaces will disqualify application. ** Do not reproduce as double-sided. Single-side only!*

Personal Information

1. Full Name _____
2. Social Security Number _____ DOB _____
3. Present street address _____
4. City _____ State _____ Zip Code _____
5. Email address _____
6. Cell Phone # _____

Educational Information

1. What high school do you currently attend? _____
2. Address of this school _____
3. What is your current academic grade level? _____
4. What is your cumulative grade point average? _____
5. What school do you plan to attend in the fall? _____
6. Please include the mailing address and telephone number of the Financial Aid Office of the school where you have been accepted. Make sure to include this information to avoid payment delay.

7. List honors, academic or otherwise, that you have received. Please give dates that you received these honors.

Occupational Information

1. What health or science related fields or activities have you been involved in?

2. What volunteer activities have you participated in(both medical and non-medical)

3. Do you currently have a job? Please list where you are employed, your job description and whether you are working part-time or full-time.

Confidential Information

1. How much of your college expenses will you/your parents be responsible for paying?

2. Please list the occupation(s) of your parents.

3. How many siblings do you have and what are their ages?

4. List all scholarships that you will receive and their amounts.

5. List any loans you will receive and their amounts.

6. List any stipends you will receive and their amounts.

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

Signature _____ Date _____

Parent Signature _____ Date _____

Important Note:
Complete application packets **MUST** be mailed to the District Director by the Sponsoring Volunteer Group and postmarked no later than February 15th of the year in which the application is submitted. Applications from individuals are not accepted for consideration.

SCHOLARSHIP AGREEMENT

Council on Volunteers of the Georgia Hospital Association

It is agreed that:

1. The decision of the Scholarship Committee's award is final.
2. Additional personal and/or financial information will be provided to the Committee if requested.
3. Scholarship funding is to defray cost of all or part of tuition, books and fees and is paid to the **Georgia School** of your choice.
4. In the event that a student ceases the course of study in a related medical field, scholarship funding will no longer apply.

I have read and clearly understand the above agreement.

Signed, this _____ day of _____, 20____

Applicant: _____
Signature

Witness: _____
Signature

Print

Print

Parent/Guardian: _____

As part of the application process, please submit:

1. At least two (2) letters of reference from a teacher, a counselor, a supervisor, or a member of the clergy with a current date, on appropriate letterhead stationery, **in a sealed envelope**.
2. A **single page (1)** narrative profile of yourself stressing factors relevant to your occupational choice and goals. Stress qualifications which you believe that you must pursue to complete your education in your chosen field.
3. An **official** high school transcript. **Transcript must be in a sealed envelope from the school.**
4. **Official proof** of acceptance from the educational institution the applicant will attend.
5. A personal interview with a letter of recommendation from the sponsoring Volunteer's President or the Chair of the Scholarship Committee. **This letter must be on hospital letterhead stationery and it must be signed and dated.**
6. The completed application form with the letters of reference, personal profile, transcripts, proof of acceptance, and the interviewer's letter of recommendation **must be mailed to your District Director by the Sponsoring Volunteer Group and postmarked no later than February 15th of the year in which the application is submitted.**

NAME OF SPONSORING VOLUNTEER GROUP _____

Signature of Volunteer President or Scholarship Chair: _____ **Date:** _____

Please "print" name also: _____ **Email:** _____

Home address: _____ **Phone:** _____