

NORTH FULTON HOSPITAL VOLUNTEER SERVICES, INC.
ATTENTION: Millie Johnson, Volunteer Coordinator
3000 Hospital Boulevard
Roswell, GA 30076

Please read the entire form carefully before completing so that your information will be pertinent, accurate and free of repetition.

PURPOSE: The North Fulton Hospital Volunteer Services Scholarship program recognizes and rewards outstanding individuals who intend to pursue a career in the field of **human health care**. Typical scholarship awards are in the range of \$1,000 - \$3,000. Applications are judged without regard to age, sex, race, ethnicity, religion or handicap.

ELIGIBILITY CRITERIA: Applicants must:

- be pursuing an education in the field of human health care;
- be a citizen or lawful permanent resident of the United States;
- be currently attending or preparing to attend in the State of Georgia an accredited college, university, vocational or technical school during the 2012-2013 academic year;
- have achieved an overall G.P.A. of 3.00 or above in the institution last attended;
- have not received another scholarship offering full financial support for the 2012-2013 school year;
- provide information in this application form as required (e.g., typed essay, recommendations on letterhead) using correct grammar, proper spelling, and legible writing.

INSTRUCTIONS:

1. The name of the applicant must not appear anywhere beyond page 2 of the application. Use **ONLY** the last **5 digits** of your social security number for identification. **The applicant is responsible for putting the last 5 digits of his/her Social Security Number on the top of each page of the application.**
2. Complete the attached application information and **return by May 9, 2012.**
3. The application must include the following:
 - a. **Two** reference forms and associated Letters of Recommendation from any of the following groups: teachers, counselors, school principals or deans, member of a civic, religious, or community organization in which you have participated, or an employer for whom you have worked.
NOTE: Letters of Recommendation must be from 2 different groups and on the organization's letterhead.
 - b. Official academic transcript from school(s) you last attended in a separate sealed envelope.
 - c. Verification of tuition and estimated expenses from the school you plan to attend. (e.g., copy of page from school brochure or website)
4. Upon completion of review, applicants will be notified of the results by June 22, 2012.

Applications must be postmarked by May 9, 2012.
Incomplete applications will not be considered

The completed application and required documents must be mailed in one sealed envelope to the address at the top of this page. If you have questions, please contact Millie Johnson at 770-751-2602.

SCHOLARSHIP APPLICATION FOR SCHOOL YEAR 2012-2013

FOR OFFICE USE ONLY

PERSONAL INFORMATION

Name: _____

Contact Address: _____

Home phone: _____ Cell phone _____

E-mail address: _____

SSN: (Last 5 digits only) _____

I am a Citizen or Lawful Permanent Resident of the United States. Yes [] No []

School attending or school(s) planning to attend in 2012 – 2013

APPLICANT CERTIFICATION

The Scholarship Committee reserves the right to seek verification of information listed on this application. Any award given will be paid directly to the school of your choice.

I certify that the information contained here and after is true and accurate to the best of my knowledge. If an award is granted to me and I fail to maintain passing grades, discontinue my field of study or leave school, I agree to forfeit any remaining funds. The school will be required to return any unused funds to the North Fulton Hospital Volunteer Services Scholarship Committee.

Signed: _____

Date: _____

SSN: (Last 5 Digits only) _____

ACADEMIC INFORMATION

- What is the highest level of education you have achieved?

____/____/ High School ____/____/ 2 Yr. Degree ____/____/ 4 Yr. Degree ____/____/ Graduate Degree

- What G.P.A did you achieve in your last year of formal education? (Must be supported by grade transcript included with application.)

- How many credit hours did you take in your last year of formal education?

- Which Georgia school do you plan to attend during the 2012-2013 academic year?

- Will you attend this school as a full or part-time student? _____

- What is your intended field of study?

- What is your anticipated graduation date (Month, Year)? _____

FINANCIAL INFORMATION

- Estimated annual expenses: (Scholarship award to be used for these expenses only)

Tuition	_____
Room and Board (on/off campus)	_____
Books/ Supplies	_____
Lab Fees/Uniforms	_____
TOTAL	_____

SSN: (Last 5 Digits only) _____

HONORS AND AWARDS

- **Academic Honors and Awards:** List below up to ten national and/or local academic honors or awards you have received (e.g., National Merit Scholar, Governor’s Honors, Georgia Merit Award, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

- **Athletic Honors and Awards:** List below up to ten national and/or local team and/or individual athletic honors and awards you have received:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SSN: (Last 5 Digits only) _____

CLUBS AND ORGANIZATIONS

- List up to eight **academic** clubs and/or organizations to which you have belonged during the last **five** years, the time in each, and any leadership positions held:

	<u>Activity</u>	<u>Year(s) involved</u>	<u>Offices Held</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

- List up to eight **athletic** clubs and/or organizations to which you have belonged during the last **five** years, the tenure in each, and any leadership positions held:

	<u>Activity</u>	<u>Year(s) involved</u>	<u>Offices Held</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

SSN: (Last 5 Digits only) _____

COMMUNITY SERVICE AND EMPLOYMENT

- **Community Service, Public Service, or Religious Service:** List your service to your organization in the last five years. Give approximate dates, number of hours per month, and the benefit to the community.

	<u>Service Area</u>	<u>Dates</u>	<u>Hrs./Mo.</u>	<u>Benefit to Community</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

- **Employment Record:** Please list your last five employers, hours per week, and dates employed:

	<u>Employer</u>	<u>Hrs/Wk</u>	<u>Start Date</u>	<u>End Date</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

SSN: (Last 5 Digits only) _____

ESSAY

- On a **separate type-written sheet of paper**:
 - Tell us about yourself using **no more than 300 type written words**.
 - State your reason for selecting your chosen career and your career goals.
 - Explain how this scholarship will help you attain these goals.
 - Include any special circumstances which might factor into our decision.
 - Avoid using any information provided in responses to prior questions.

SSN: (Last 5 Digits only) _____

**NORTH FULTON HOSPITAL VOLUNTEER SERVICE SCHOLARSHIP APPLICATION
RECOMMENDATION FORM**

Applicant: Provide TWO business size envelopes EACH marked “North Fulton Hospital Volunteer Scholarship Recommendation for (applicant name)”. Applicant is responsible for picking up this sealed envelope containing the recommendation form and reference letter and including it with the application. **All application materials, including recommendations, must be postmarked by May 9, 2012.**

Person making the recommendation: Please complete the following form and letter. Place in the attached envelope and seal. Because this is an anonymous selection, please DO NOT use the applicant’s name in completing the form or in the Letter of Recommendation.

Recommender’s Name _____ **Title:** _____

1. How long have you known the applicant? _____
2. What is your relationship to this individual? (Teacher, counselor, employer, pastor, etc.)

3. What are the first words that come to mind to describe the applicant?

4. Write a short letter of recommendation and include the letter with this form in the attached envelope. If you are speaking as a representative of an organization or business, your letter must use the letterhead of your organization or business. For reasons of confidentiality, do not refer to the applicant by name. When completed, please seal the envelope and return to the applicant.