

JOHN D. ARCHBOLD MEMORIAL HOSPITAL AUXILIARY
P.O. Box 1018
Thomasville, GA 31799

COVER SHEET TO APPLICATION FOR SCHOLARSHIP

This is a scholarship application only. Determination of scholarship recipients is made solely by the Scholarship Committee. The decisions are determined by the recipient meeting all of the criteria and are final.

PLEASE READ VERY CAREFULLY

Please print or type.

Answer every question on the application. Use N/A if a question does not apply to you. Blank spaces will disqualify applications.

DO NOT ATTACH A RESUME

Application must be legible, complete, and must be hand signed, (cursive signature) by applicant.

A signed official acceptance letter from college/school, on official school letterhead, must be included.

Official transcript of grades from the school(s) you are attending.

Three letters of reference, which must be signed, by the individuals giving information. You may use only one current/former teacher as a reference. The other two must come from outside of your school.

Please attach a one-page typed, double spaced narrative. It must contain your signature(cursive signature). The narrative should explain your reason(s) for selecting a medical related career and other information that would indicate attitude and interest in your chosen career and why you are applying for our scholarship.

It is **MANDATORY** that all areas and all requested forms be completed and attached when received by the Auxiliary.

Please do not reproduce as a double-sided form – single sided only.

This Committee accepts only hand written(cursive) signatures, not typed.

ALL APPLICATIONS MUST BE RECEIVED BY **02-26-24**. PLEASE MAIL TO:

MRS. NELDA ROME/SUSAN HERIN, CO-CHAIRMANs
Archbold Auxiliary Scholarship Committee
John D. Archbold Memorial Hospital
P. O. Box 1018
Thomasville, GA 31799

JOHN D. ARCHBOLD MEMORIAL HOSPITAL AUXILIARY
P. O. BOX 1018
THOMASVILLE, GEORGIA 31799

APPLICATION FOR SCHOLARSHIP

PERSONAL INFORMATION: PLEASE PRINT OR TYPE

Full Name Last _____ First _____ Middle Initial _____

Male() Female () Phone Number (where you can be contacted) _____

Present Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Home Address(If Different): _____

City: _____ State: _____ Zip: _____

Parents Names:

Father: _____ Mother: _____

EDUCATIONAL INFORMATION:

Where are you currently attending school?: _____

Have you taken college entrance exam? Yes _____ No: _____

If so, which one and what was your score? _____

What are your professional goals? _____

What is your chosen course of study? _____

What is your cumulative grade point average? (Weighted) _____

What college/school do you plan to attend? _____

When do you plan to enter school? _____

Please list honors, academic or otherwise, that you have received:

OCCUPATIONAL INFORMATION:

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

Please list all other volunteer work or activities that you have been involved in:

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

EMPLOER

DATES

DUTIES

Give the names and addresses of **three adult references, not relatives**, who know you and who can give information about you. For example, they may include a teacher or counselor, minister, or employer. **You may use only one current teacher/counselor as a reference, the other two must come from outside of your school.**

NAME

COMPLETE ADDRESS

PHONE#/POSITION

CERTIFICATION:

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

Signature_____ **Date**_____

CHECK LIST

NOTE: In order to be considered as an applicant these criteria **MUST** be met.

- 1 - Answer every question on the application Use **N/A** if a question does not apply to you.
- 2 - **Do not attach a resume**
- 3 - Applications must be legible, complete, and hand signed (signature) by applicant.
- 4 - A signed acceptance letter from college/school, on official school letterhead must be included.
- 5 - Official transcript of grades from school(s) you are attending.
- 6 - Three letters of reference which **must be signed** by individuals giving information.
- 7 - Narrative information **must be signed by applicant.**

ALL APPLICATIONS MUST BE RECEIVED BY 2-26-24. PLEASE MAIL TO:

Nelda Rome/Susan Herin, Co-Chair
Archbold Auxiliary Scholarship Committee
John D. Archbold Memorial Hospital
P. O. Box 1018
Thomasville, GA 31799

DO NOT REPRODUCE THIS APPLICATION AS DOUBLE-SIDED – USE SINGLE SIDED ONLY.