

SATILLA HEALTH FOUNDATION SCHOLARSHIP APPLICATION

GUIDELINES FOR COMPLETING THE APPLICATION:

- *The application will not be reviewed until all of the required information has been received.*
- *This application MUST be submitted with the supporting information requested below.*
- *The application will not be reviewed until we have received your reference forms (see #5 below and pages 6, 7, and 8).*
- *Please answer each question as it is presented on the application.*
- *If a question does not apply to you must mark your answer with N/A (not applicable).*

The following supporting materials must accompany this application

1. A copy of the letter of acceptance from your school indicating that you have completed your core program requirements and have been accepted into a program leading to a certificate or degree in the field of healthcare.
2. An official transcript of the grades that you received while completing the core requirements for your program. This transcript must come from the registrar's office in a sealed envelope.
3. A copy of your schedule for the upcoming term in which you are enrolled and are applying for scholarship aid.
4. On a separate sheet of paper, you must type a personal statement of no more than one page detailing your career aspirations and personal goals, your perception of your abilities, your financial need, community service, leadership roles and other comments that you feel may be relevant to your application.
5. Please submit two references from non-relatives – a faculty member must be one of your references. Ask your references to use the Reference Form included in this application on pages 7 and 8. (See page 6 for more detail regarding references).
6. Page 1 & 2 of your most recent federal tax return (IRS Form 1040). If you are a dependent of your parents you must submit page 1 and 2 of their most recent federal tax return (IRS Form 1040).

Submit this application to:
Scholarship Committee
Satilla Health Foundation
2006 Alice Street
Waycross GA 31501

Application Deadlines:

(Applications received after these dates will not be reviewed)

March 15th

June 30th

November 15th

January 15th

ELIGIBILITY

- Satilla Health Foundation scholarships are awarded to students pursuing degrees in a field of healthcare that has been defined as necessary by Satilla Health Services, Inc. to meet the current and future workforce needs of the region.
- Satilla Health Foundation scholarships are based on academic competence, financial need, and character. The scholarship committee determines each award individually based on the required information that is provided by the student during the application process.
- Applicants must have completed their core program requirements and provide proof that they have been accepted into a course of study leading to a certificate or degree in a medical field at an accredited post secondary institution.
- Applicants must be full time students as defined by their program.
- Preference will be given to applicants from Ware, Pierce, Bacon, and Brantley Counties in the state of Georgia.
- Applicants must meet and maintain the grade point average necessary to remain in good standing within their specific academic program.

PERSONAL PROFILE

Name_____

Address_____

City_____ County _____ State _____ Zip _____

Telephone_____ Email address:_____

Date of Birth____/____/____

Do you reside with your parents?_____

Are you currently employed?_____

If yes, what organization do you work for?_____

Do you work full time?_____ Do you work part time?_____

ACADEMIC PROFILE

Name of school in which you plan to enroll or are currently enrolled:

Name of school	Dates attended	GPA (if currently enrolled)	Cumulative GPA
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Have you been accepted into a healthcare major? _____

What is your major? _____

When you have completed your course of study what certificate or degree will you receive? _____

Does this program run by semester? _____ Does this program run by quarters? _____

How many quarters or semesters do you currently have remaining to complete this course of study? _____

When will your next quarter or semester begin? _____

What month and year will you complete your program of study? _____

Are you a full-time student as defined by your program? _____

Other institutions previously attended and hours earned (if any):

Name of academic advisor: _____ Phone: _____

FINANCIAL INFORMATION

Please note: Each line of the financial information section of the application must be completed. If you are not receiving aid or income in the categories listed below, please mark that line with "n/a" as not applicable.

Academic Program Support

Please indicate the level of support you are currently receiving from the programs listed below. Indicate the amount for each and circle per quarter or semester.

Pell Grant	\$_____per quarter/ semester	Work Study	\$_____per quarter/semester
HOPE	\$_____per quarter/semester	WIA	\$_____per quarter/semester
Scholarship	\$_____per quarter/semester	Other	\$_____per quarter/semester

Income

Please indicate the income you are currently receiving from the sources listed below. Indicate the amount for each and circle per quarter or per semester.

Employment	\$_____per quarter/ semester	Unemployment	\$_____per quarter/semester
Child Support	\$_____per quarter/semester	Retirement	\$_____per quarter/semester
Social Security	\$_____per quarter/semester	Worker's Comp	\$_____per quarter/semester
Retirement	\$_____per quarter/semester	Other	\$_____per quarter/semester
AFDC/FS	\$_____per quarter/semester		

Is your spouse employed? _____ If yes, where? _____
Income: _____ Do you have any dependents? _____

Verify your adjusted gross income:

You must include a copy of Page 1 & 2 of your most recent federal income tax return - IRS Form 1040. If you are a dependent of your parent you must include page 1 & 2 of your parent's most recent federal income tax return - IRS 1040.

Student Signature _____ Date _____

I certify this information to be true to the best of my knowledge, and I hereby give permission for disclosure of records to the Satilla Health Foundation, Inc.

-----For office use only-----

Office of Financial Aid Approval

Based upon the criteria set forth by the Satilla Health Foundation, Inc., I verify that the financial aid status listed above is correct.

Financial Aid Director _____ Date _____

PROJECTED COSTS

Traditional Expenses: Tuition, Fees, Books

Tuition (cost per credit hour x number of hours per course) \$ _____

Registration fees \$ _____

Instruction and technology fees \$ _____

Liability/accident insurance \$ _____

Student Activity Fee \$ _____

Books \$ _____

Equipment \$ _____

Uniforms \$ _____

How do you intend to use these funds? Please be specific.

Are you in default or do you owe a refund on any educational loan? _____

If yes explain _____

Are you a U.S. Citizen? _____ If no explain: _____

Are there any criminal charges pending against you at this time? _____

Have you ever been convicted of a crime or pleaded "no contest" to a crime? This includes, but is not limited to alcohol or drug related offenses (also DUI) or passing bad checks, but excludes minor traffic offenses. _____

If yes explain: _____

SCHOLARSHIP RECIPIENT RESPONSIBILITIES

If you are awarded a scholarship you must:

- Maintain satisfactory progress in a course of study leading to a degree in a health related field.
- Submit a grade report for each quarter or semester along with a course schedule for the upcoming semester or quarter immediately following the completion of each semester or quarter.
- Keep the Satilla Health Foundation apprised of any change in your academic, financial, or marital status while receiving scholarship assistance.
- Give permission to use any general, non-financial information included with this application for publicity purposes; to provide the Foundation with photographs; and to participate in scholarship recognition ceremonies of the Foundation's choosing.
- During your final semester or quarter verify with the Foundation office that you have consulted with the Satilla Health Services Employment Recruiter regarding possibilities for employment. This appointment in no way assures employment with Satilla Health Services, Inc.
- Understand that Satilla Health Foundation scholarships are dependent upon the availability of Foundation funding.
- This award will be applied to tuition, fees, books and other expenses incurred as part of your course of study. This award may be considered taxable by the IRS and I am responsible for any tax liability incurred as a result of this award. The Satilla Health Foundation will provide no tax information to me or to the Internal Revenue Service.

Signature_____Date_____

Applicants, Please read the following carefully:

Scholarship applicants must acquire **two references** as part of the application process. The reference cannot be a family member and one of the references must come from a faculty member who is familiar with your academic work. Please give your references the form found on pages 7 and 8 of this application. Give a copy of the reference form to the two people that are you going request a reference from and ask them to complete the form and return it to the Foundation office.

Remember – one of the recommendations must come from a **faculty member who is familiar with your academic work.**

July 2010



SATILLA HEALTH FOUNDATION SCHOLARSHIP REFERENCE

Scholarship Applicant Information:

Applicant Name:

How long and in what association have you known the applicant?

Scholarship Applicant Qualifications:

The person named above has applied for the Satilla Health Foundation Scholarship.

- How would you describe the applicant with respect to personal characteristics such as motivation, growth, imagination/originality of thought, ability to work with others, independence, and their potential benefit to the patients that they will serve?

- How would you describe the applicant's ability to communicate, both written and oral?

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- Please add any descriptive comments that will assist in providing a complete picture of the applicant's abilities.
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Reference Contact Information:

Your Name (please print):

Title: _____

Organization: _____

Address, City, State, Zip: _____

Telephone: _____

Email Address: _____

Signature _____ Date _____

Thank you for providing a reference for this applicant.

Please return the completed reference forms by

Email: gails@satilla.org

or fax: 912-490-0097.

You may also mail the forms to:

Satilla Health Foundation, Scholarship Committee,

2006 Alice Street,

Waycross, GA 31501