



*Council on Volunteer Services of GHA*

2019-2020

**ELIZABETH WILMOT BULL SCHOLARSHIP CHECK LIST**

Name of applicant: \_\_\_\_\_

- \_\_\_\_\_ 1. Completed and signed application
- \_\_\_\_\_ 2. Acceptance letter from medically related program (if not already enrolled)
- \_\_\_\_\_ 3. Transcript from medically related program or school
- \_\_\_\_\_ 4. Cumulative grade point average of at least 3.0
- \_\_\_\_\_ 5. Required number of recommendations:

Scholarship Chairman (or President) of sponsoring hospital  
Auxiliary

Two letters of reference from school counselor, teachers or  
job supervisor, etc.

- \_\_\_\_\_ 6. Personal narrative profile written by applicant
- \_\_\_\_\_ 7. Signed Scholarship Agreement
- \_\_\_\_\_ 8. Copying of documents is single sided only



## ELIZABETH WILMOT BULL MEMORIAL SCHOLARSHIP APPLICATION

Council on Volunteer Services of the Georgia Hospital Association

**FOLLOW DIRECTIONS PRECISELY. 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_
3. Present street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
- Permanent address \_\_\_\_\_
- Email address (es) \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_
- Dependents (age and relationship) \_\_\_\_\_

### EDUCATIONAL INFORMATION

1. What is your professional goal? \_\_\_\_\_  
\_\_\_\_\_
2. What is your course of study? \_\_\_\_\_  
\_\_\_\_\_
3. What is your present academic level? \_\_\_\_\_  
\_\_\_\_\_
4. What is your cumulative grade point average? \_\_\_\_\_
5. What school will you attend this fall? \_\_\_\_\_  
\_\_\_\_\_

**Mailing address and telephone number of Financial Aid Office-(PLEASE VERIFY TO AVOID PAYMENT DELAY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full-time student? \_\_\_\_\_ Part-time student? \_\_\_\_\_ Expected graduation date? \_\_\_\_\_

If part-time, specify what else you will be doing: \_\_\_\_\_

6. List in chronological order all schools attended, beginning with High School, providing addresses and diplomas or degrees granted: \_\_\_\_\_

7. What honors (academic or otherwise) have you received and when: \_\_\_\_\_

**OCCUPATIONAL INFORMATION**

1. What health or science related fields or activities have you been involved in for recreation or as a volunteer?

2. List all jobs you have held (employer, type of work and dates). Indicate whether you were full or part time.

EMPLOYER	FT/PT	TYPE OF WORK	DATES
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3. If presently employed, please list your current employer, duties, and income: \_\_\_\_\_

4. If you are not currently enrolled in school, how have you been occupied since leaving school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

1. How much of your college expenses are you responsible for? \_\_\_\_\_

Your occupation and approximate annual income \_\_\_\_\_

Do you contribute to the support of any other person(s) or have other financial obligations? Yes  No

If yes, please list \_\_\_\_\_

2. Father's name \_\_\_\_\_

If Father is contributing to your educational expenses, what percentage is he responsible for? \_\_\_\_\_

3. Mother's name \_\_\_\_\_

If Mother is contributing to your educational expenses, what percentage is she responsible for? \_\_\_\_\_

Number and ages of siblings \_\_\_\_\_

How many are in school? \_\_\_\_\_ How many are in college? \_\_\_\_\_

4. Spouse's name \_\_\_\_\_

If husband is contributing to your educational expenses, what percentage is he/she responsible for? \_\_\_\_\_

**Other income sources**

1. Scholarship(s): please specify type and amount and for what time period \_\_\_\_\_

\_\_\_\_\_

2. Loan(s): please specify type and amount and for what time period \_\_\_\_\_

\_\_\_\_\_

3. Stipends \_\_\_\_\_

4. Other \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



**SCHOLARSHIP AGREEMENT**

Council on Volunteer Services 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 \_\_\_\_\_  
 \_\_\_\_\_  
 Print \_\_\_\_\_

Witness: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Print \_\_\_\_\_

Parent/Guardian (if applicant is a minor) \_\_\_\_\_

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 college or high school transcript. High school transcripts are applicable only for those candidates who have not yet completed one year of college or technical school training. Transcript must be in a sealed envelope from the school.
4. Official proof of acceptance (if not currently enrolled) from the educational institution that the applicant will attend.
5. A personal interview with a letter of recommendation from the sponsoring Auxiliary's President or the Chair of the Auxiliary's Scholarship Committee. This letter must be on hospital or auxiliary 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 the Elizabeth Wilmot Bull Scholarship Chair and postmarked not later than February 3 of the year in which the application is submitted. Incomplete packages will be returned.

NAME OF SPONSORING VOLUNTEER SERVICE \_\_\_\_\_

Signature of Volunteer President or Scholarship Chair \_\_\_\_\_

Date \_\_\_\_\_

Please "print" name also \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_