



Council on Volunteer Services of GHA

2019-2020

**JEAN CORY YOUTH SCHOLARSHIP CHECKLIST**

*(Please include with Scholarship Application)*

Name of Applicant: \_\_\_\_\_

Name of Hospital and District: \_\_\_\_\_

- \_\_\_\_\_ Completed and signed application
- \_\_\_\_\_ Acceptance Letter from Technical School, College/University located in Georgia.
- \_\_\_\_\_ Original High School Transcript (not a fax)
- \_\_\_\_\_ Two signed letters of recommendation on Letterhead from a teacher pastor, or employer.
- \_\_\_\_\_ One-page, double spaced, narrative discussing why he/she has chosen a specific medical field.
- \_\_\_\_\_ A list of activities and honors if greater than line 7 allows.
- \_\_\_\_\_ GPA of 3.0 or above.
- \_\_\_\_\_ Student completed 50 hours of volunteer service in their local hospital.

Scholarship Chair/President's Comments:

Scholarship Chair/President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Council on Volunteer Services/COSA*

**2019-2020**

**Jean Cory Youth Scholarship**

**Application**

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

**Personal Information**

1. Full Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Present street address: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_

**Education Information**

1. Name of high school that you currently attend: \_\_\_\_\_
2. High school address: \_\_\_\_\_
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. In what health or science related fields or activities have you been involved?

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2. In what volunteer activities have you participated? (both medical and non-medical)

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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.

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**Confidential Information**

1. How much of your college expenses will you/your parents be responsible to pay?

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

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3. List all scholarships you will receive and their amounts.

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

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

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

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed application packets MUST be mailed to the District Director by the Sponsoring Volunteer Group and postmarked no later than ~~March 13~~ of the year in which the application is submitted. Feb. 3**