

JOHN D. ARCHBOLD MEMORIAL HOSPITAL AUXILIARY  
P. O. Box 1018  
Thomasville, Georgia 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 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 02-03-20. PLEASE MAIL TO:**

MRS. JANET SCHMIDT, CHAIRMAN  
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:

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**OCCUPATIONAL INFORMATION:**

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

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

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

| EMPLOYER | 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 current teacher or counselor, minister, or employer. **You may use only one current teacher/counselor as a reference.**

| 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 02-03-20. PLEASE MAIL**

**TO: Mrs. Janet Schmidt, Chairman  
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.**