



SOUTHEAST GEORGIA  
HEALTH SYSTEM

**Brunswick Campus Auxiliary - Scholarship Application Guidelines 2012**

1. Applicants must:
  - a. be a permanent resident of Glynn, McIntosh or Brantley counties in Georgia.
  - b. must have served a minimum of 20 volunteer hours through the Volunteer program.
  - c. have been accepted as a full-time student at any accredited technical school, college or university to pursue a medical or healthcare related career.
  - d. must be a graduating high school senior
  - e. complete an application.
  - f. submit three letters of recommendation.
  - g. prepare a written statement on the following: *What difference will this scholarship make in your educational plans?*
2. Applicants will be evaluated based upon a number of factors including academic records, extracurricular activities, leadership qualities, community service (especially participation in the Health System Volunteer Program), recommendations, and the applicant’s written statement.
3. Dependents of Scholarship Committee members may not apply.
4. Scholarships will be awarded based upon the Blind Application and Selection Guidelines of the Scholarship Committee.
5. Scholarship recipient will be granted an award of up to \$1,000 to meet normal educational expenses.
6. Completed application packets must be postmarked or received at the address at the bottom of this form by **March 15, 2012**. Applications received after this date will not be considered. Recipients will be announced in May 2012. Funds will be disbursed directly to the applicant’s institution.

**Scholarship Application Checklist**

Completed application packets must include the following:

- " Scholarship Application Form A
- " Scholarship Application Form B
- " Three letters of recommendation from responsible adults (other than your family members) who are in a position to make statements about your qualifications for this award. Please list their names, addresses, and occupations below. Include at least one faculty member or guidance counselor at your school.

1. \_\_\_\_\_

2. \_\_\_\_\_

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

- " An official transcript from the high school(s) you attended.

If the application packet is **not** completed when it is submitted, it will be disposed of without consideration. Please be sure your application packet is complete when you submit it.

**Please submit your completed application by March 15, 2012 to: Southeast Georgia Health System, Attn: Volunteer Services, 2415 Parkwood Drive, Brunswick, GA 31520**

For additional information, contact Southeast Georgia Health System Volunteer Services at (912) 466-1071.





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**Brunswick Campus Auxiliary - Scholarship Application Form B**

The Scholarship Administration Committee, prior to review by the Scholarship Selection Committee, will delete all information from this form that identifies the applicant. In accordance with the Blind Application and Selection Guidelines of this scholarship, please do not include personal information here that would identify you. Please thoroughly complete the eight sections below.

**1. Circle one for each of the following:**

I am a resident of the following county: Brantley Glynn McIntosh

My gender is: Male Female

I will live: On campus With my parents In my own household

**2. Complete the following about the school or college you plan to attend:**

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated Course of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Anticipated Career: \_\_\_\_\_

**3. High School Academic History**

Institution	Dates Attended	GPA
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Academic Record**

List any academic recognitions and honors you have received.

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**5. Extracurricular Activities**

List each one, including clubs, sports, academic teams, student government, etc. and describe your participation (number of years and involvement).

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**6. Leadership Record**

Provide information on the leadership positions you have held during the past four (4) years. Include positions in your school and your community, and your length of service. Describe the contribution you made while serving as a leader of the organization. Place particular emphasis on any new activities you initiated.

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**7. Community Service**

Outline your involvement in community activities. Give the name of the groups to which you belong including the Volunteering program at Southeast Georgia Health System, scouting, civic or religious organizations.

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**8. Applicant's written statement related to the following question: "What difference will this scholarship make in your educational plans?"**

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