



HOUSTON HEALTHCARE

January 19, 2018

Memo to High School Counselors:

Enclosed is an application for the Houston Medical Center Auxiliary/Virginia Wetherington scholarships. The Auxiliary will be awarding a \$1,000 scholarship to two graduating Seniors at each of the following schools: Houston County High School, Northside High School, Warner Robins High School, and Veterans High School.

The student must plan to pursue a career in health care. A transcript of grades for his/her Junior and Senior years must be attached to the application along with 3 letters of reference. All applicants will be interviewed and a winner chosen in time for awards night.

Please send all information by March 23, 2018 to:

Houston Medical Center
HMC Scholarship Committee
c/o Director of Volunteer Services
1601 Watson Boulevard
Warner Robins, GA 31093

Please feel free to make additional copies of the application. If you have any questions, please feel free to contact me.

Sincerely,

Nancy Slappey
Houston Medical Center Auxiliary
Scholarship Committee Chairperson
(478) 397-3550

Schools Attended:

Name	City/State	Dates	GPA
_____	_____	_____	_____
_____	_____	_____	_____

What courses did you study in high school toward a medical career?

Have you taken the SAT? _____ Scores _____

Scholarship Application

What types of activities, clubs, and services have you participated in during your high school years? _____

What awards or honors have you received? _____

Give the names and addresses of three adults, not relatives, who know you and who can give information about you. (You may include teachers, counselors, employers, ministers, etc...)

<u>Name</u>	<u>Address & Phone #</u>	<u>Position</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Name of school you plan to attend: _____

Have you applied and been accepted? _____ To start when? _____

Course of study_____

Length of time to complete degree:_____

Do you anticipate any complications with family or other responsibilities that could interfere with your pursuit of this degree?___

Please explain:_____

What is your ultimate goal?_____

Please complete the following: (Use additional sheet, if needed.)

A. Reasons for selecting this career:

B. Work experiences (include volunteer work):

Scholarship Application

C. Reasons for entering chosen school:

D. Other statements that would indicate attitude and interests in this career:

E. Have you applied for other scholarships? If so, indicate name and whether or not you have been selected.

STUDENT'S CERTIFICATION

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

Signature

Date

SCHOLARSHIP AGREEMENT

It is agreed that:

1. The decision of the scholarship committee's award is final;
2. Further personal and/or financial information will be provided if the committee requires it;
3. Scholarship funding is to defray the cost of all or part of tuition and will be paid directly to the student and/or college;
4. In the event that the student ceases course study in related health field, scholarship funding will no longer apply;
5. Scholarship money will be awarded on a quarterly/semester basis pending passing grades by the student.

I have read and clearly understand the above agreement:

Student Signature	Date	Witness
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Parent/Guardian Signature	Date	Witness
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Note: Each applicant must assure that a transcript (for Junior and Senior Year) is attached or mailed to the address below.

Applicant must also have three letters of reference attached to the application to be submitted no later than March 23, 2018. Applications will not be accepted if any areas are incomplete.

Deadline for all information is **March 23, 2018 by 4pm.**

H M C Scholarship Committee
c/o Director of Volunteer Services
Houston Medical Center
1601 Watson Blvd.
Warner Robins, GA 31093