



# HOUSTON HEALTHCARE

## SCHOLARSHIP APPLICATION Houston Medical Center Auxiliary/Virginia Wetherington

Name: \_\_\_\_\_ Sex: M F  
          Last                      First                      M.I.

Street: \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's name in full: \_\_\_\_\_ Living? \_\_\_\_\_

Present address: \_\_\_\_\_

Present occupation: \_\_\_\_\_

Mother's name in full: \_\_\_\_\_ Living? \_\_\_\_\_

Present address: \_\_\_\_\_

Present occupation: \_\_\_\_\_

If you live with someone other than your parents, fill in following:

Name	Relationship
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Address	Phone Number
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**Schools Attended:**

Name                                  City/State                                  Dates                                  GPA

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

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Have you taken the SAT? \_\_\_\_\_ Scores \_\_\_\_\_

**Scholarship Application**

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

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What awards or honors have you received? \_\_\_\_\_

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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...)

Name    Address & Phone #                          Position

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 22, 2019. Applications will not be accepted if any areas are incomplete.**

Deadline for all information is **March 22, 2019 by 4pm.**

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