**MEMORANDUM**

**TO: Scholarship Applicant**

**FR: South Georgia Medical Center’s Volunteer Auxiliary Scholarship Committee**

**RE: Clarice Ivey Massey Scholarship 2018-2019**

Enclosed is the Clarice Ivey Massey Scholarship Application consisting of four pages along with the Scholarship Agreement and Eligibility Checklist. Only those individuals that are pursuing a career in a medical related field are eligible to apply for the scholarship. Deadline for applying for the scholarship is February 1, 2018. Applications must be postmarked on that date.

Please be certain to read and understand all instructions and policies of the Scholarship Selection Committee. Make sure that all required information is included in your application submission. Reference letters should be from teachers or counselors whenever possible.

The Scholarship Selection Committee requires that each applicant has a personal interview with the auxiliary’s Scholarship Chair.

 After interviews are completed the Scholarship Selection Committee will make a decision out of the eligible and interviewed applicants. The awarded recipient will be notified by mail and an announcement will be made on or before April 16, 2019.

Send **completed** applications and all related documents to the following address:

Jessica McKinney, Director of Patient Relations/Volunteer Services

c/o South Georgia Medical Center

Attn: Clarice Ivey Massey Scholarship

PO Box 1727

Valdosta, GA 31603

**All materials must be postmarked by February 1, 2019**

**Clarice Ivey Massey Scholarship 2018 - 2019**

**Eligibility Checklist & Scholarship Agreement**

**Eligible Applicants Must:**

1. Be accepted into a Georgia College studying a medical related program. This does not include pre-med or pre-nursing.
2. Have a Grade Point Average of 3.0 or higher

**As part of your application, please submit:**

1. At least three (3) letters of reference from responsible people, (one of whom should be an educator) who can attest to the knowledge of your background, interest in medical or paramedical field and your need for financial aid to continue your education. These letters should be presented on letterhead stationery and individually sealed with the reference’s signature signed across the seal of the envelope.
2. A narrative profile of yourself telling your reasons for wanting to further your education in the medical or paramedical field. Stress qualifications you feel you have to pursue your education in this field and your reasons for needing help in financing this schooling.
3. An **OFFICIAL** college transcript and available aptitude and achievement test.
4. **OFFICIAL** proof of acceptance (if not currently enrolled) from the educational institution you will attend.

**Notes:**

* The awarded recipient will be expected to attend the Auxiliary annual Awards Luncheon for official acknowledgement of award and recognition.
* Any money allocated to help a student with his/her education will be paid directly to the educational facility. Scholarship funding is to defray cost of all or part of tuition, books, and fees.
* In the event a student ceases the course of study in the related medical field, scholarship funding will no longer apply.
* The recipient of any aid will be responsible for reporting to the Auxiliary at regular intervals to those their progress. This should be done by showing grades at the end of reporting periods.

*Completed application form with letters of reference, personal profile, transcripts, official proof of acceptance and the interviewer letter of recommendation must be received by the Scholarship Chairperson no later than February 1, 2019.*

**CLARICE IVEY MASSEY SCHOLARSHIP 2018-2019 APPLICATION**

South Georgia Medical Center Volunteer Auxiliary

Application for Financial Assistance

*Applications must be made ONLY on this form or a photocopy thereof. Please print or type in blue or black ink only. All blanks must be completed. Use N/A is not applicable.*

**PERSONAL INFORMATION**

1. Full Name:
2. Social Security Number: DOB:
3. Present Address:

Street

 City Zip Phone

 Permanent Address:

 Street

 City Zip Phone

1. Marital Status:

Souse Name:

Dependants (age/relationship):

**EDUCATION INFORMATION**

1. What is your professional goal?

What is your course of study and present academic level?

1. What is your CUMULATIVE grade point average (GPA)?

What school will you attend this fall?

Full or Part-Time?

 If Part-Time, specify what else you will be doing?

1. List in chronological order all schools attended, beginning with high school, addresses and degrees or diploma granted.

NAME ADDRESS DEGREE/DIPLOMA

1. What academic honors or other honors have you received and when?

1. What health or science related fields or activities have you been involved in for recreation or as a volunteer?

**CONFIDENTIAL INFORMATION:**

*Supply Information Where Applicable*

Person(s) responsible for educational expenses:

Parents Spouse Self

*PLEASE COMPLETE IF PARENTS RSPONSIBLE:*

1. Father’s Name:

Place of Employment:

 Company

 Address

Occupation and approximate income:

1. Mother’s Name:

Place of Employment: Company

 Address

 Occupation and approximate income:

1. Number and ages of siblings?

How many in school? How many in College?

*PLEASE COMPLETE IF YOU ARE MARRIED:*

1. Spouse’s Name:

Place of employment:

 Company

 Address

Occupation and approximate income:

1. Number and ages of children:
2. Do you contribute to the support of any other person(s) or have financial obligations? (Example: Current loans – amount and date due)

*PLEASE COMPLETE IF YOU ARE SINGLE AND SELF SUPPORTING*

1. Occupation and approximate income:
2. Number and ages of children:

OTHER INCOME SOURCES

1. Scholarship(s) (Please list type and amount):

Loan(s):

Other (Please specify):

**STUDENT CERTIFICATION**

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

Applicant’s Signature Date