



**PIEDMONT FAYETTE HOSPITAL
AUXILIARY SCHOLARSHIP**

Thank you for your interest in the Piedmont Fayette Hospital Auxiliary (PFHA) Scholarship Program. Please carefully read the following material, complete the accompanying application and **return the application and supporting documentation to:**

MAIL: Piedmont Fayette Hospital Auxiliary
ATTN: SCHOLARSHIP COMMITTEE
1255 Highway 54 West
Fayetteville, GA, 30214

DROP OFF: Piedmont Fayette Gift Shop
ATTN: SCHOLARSHIP COMMITTEE
1255 Highway 54 West (East entrance)
Fayetteville, GA 30214
Monday-Thursday 9:30 a.m.- 5:00 p.m.

The following documents are required: a current official transcript (high school or college) and at least two letters of recommendation written within the past twelve months, preferably from professional or academic associates. Your application, transcript, letters of recommendation, and signed Scholarship Agreement must be received in the Gift Shop by 5 p.m. on **April 25, 2025**. Please be aware that an incomplete or late application will **NOT** be considered for a scholarship.

**APPLICATIONS AND SUPPORTING DOCUMENTS
DEADLINE IS APRIL 25, 2025**

Scholarship recipients will be selected by May 1, 2025. Awards will be mailed directly to the academic institutions in May for the 2025-2026 academic year. If you have any questions after reviewing the attached packet of information, please call Charlang Ferguson, Auxiliary Services Specialist, 770-719-7287; Charlang.Ferguson@piedmont.org.

SCHOLARSHIP QUALIFICATIONS

1. Scholarships will be awarded to students under the following criteria:
 - a. accepted or enrolled in an official medical program at an accredited **Georgia** college, university or technical school;
 - b. accepted or enrolled in accredited **Georgia** college, university or technical school in a healthcare or science related major with the intention to pursue a healthcare related career.
2. Applicants must be legal residents of Fayette County or must be Piedmont Fayette Hospital employees, volunteers, or their dependents regardless of county of residence.
3. An **official** transcript is required; faxes or photocopies are not acceptable.
4. Grade Point Average (GPA) **must** be at least 3.0
5. There is no age-restriction.

DISBURSEMENTS

1. The number of annual scholarships will be governed by the amount of monies generated by the PFHA Scholarship fund and donations.
2. Scholarships awarded shall be between \$500 and \$1,000 per recipient.
3. Checks will be sent directly to the student's school and may be allocated to any quarter or semester of the academic year based upon the student's financial needs.
4. This scholarship is non-renewable.

Please note that all information will remain confidential.

Questions regarding this scholarship application should be directed to Charlang Ferguson, Auxiliary Services Specialist, 770-719-7287; Charlang.Ferguson@piedmont.org.

CHECK LIST FOR APPLICATION

- Completed and signed application (all spaces must be filled).
- Completed and signed Scholarship Agreement.
- Two (2) letters of recommendation selected from teachers, counselors, supervisors, or clergy with date, appropriate letterhead and in a **sealed envelope**.
- An **official** high school and /or college transcript in a **sealed envelope**. High school transcript is needed **only** if you are entering your freshman year of a college, university, technical school or a hospital-based program.
- Official** proof of acceptance (if not currently enrolled) from the educational institution you will attend.

The deadline for submitting all the required documents via mail or hand-delivery is 5:00 PM on **April 25, 2025**.



PIEDMONT FAYETTE HOSPITAL
AUXILIARY SCHOLARSHIP APPLICATION

Application must be completed on this 2025 form, or a photocopy there of to be considered.

Please print or type, complete all blanks and use N/A when not applicable.

PERSONAL INFORMATION:

- 1. Full Name
2. Social Security Number Date of Birth
3. Present Address Street City State Zip Cell Phone
Permanent Address Street City State Zip Home Phone (if applicable)
4. Marital Status Spouse's Name
5. Dependents (age and relationship)

EDUCATIONAL INFORMATION

- 1. What is your course of study and present academic level?
2. What is your cumulative grade point average?
3. What school will you be attending this fall?
Name of school and address of the FINANCIAL AID OFFICE
Full or part time Expected Graduation Date
If part time, specify what else you will be doing

EDUCATION

Please list beginning with the most recent.

SCHOOL	MAJOR	DATES ATTENDED	DEGREE OBTAINED	GPA

EMPLOYMENT HISTORY

List your last three places of employment beginning with the most recent.

EMPLOYER	DATES EMPLOYED	POSITION	REASON FOR LEAVING

Briefly describe volunteer activities in which you have been involved. Include a brief description of your duties, locations and dates. (Please use additional paper if necessary)

CONFIDENTIAL INFORMATION

Supply the following information as applicable.

Person(s) responsible for your educational expenses: _____ Parents _____ Spouse _____ Self

PLEASE COMPLETE IF PARENTS ARE RESPONSIBLE FOR YOUR EXPENSES

1. Father's Name _____

Place of Employment _____

Company

Address

Occupation and approximate annual income _____

2. Mother's Name _____

Place of Employment _____

Company

Address

Occupation and approximate annual income _____

3. Number and ages of siblings _____

How many in school? _____ How many in college? _____

Why are you considering a healthcare profession?

What are your professional goals?

Why are you applying for this scholarship?

**PIEDMONT FAYETTE HOSPITAL AUXILIARY
SCHOLARSHIP AGREEMENT**

It is agreed that:

1. The decisions of the Scholarship Committee are final.
2. Additional personal and/or financial information will be provided to the committee if requested.
3. Scholarship funding is to defray the cost of all or part of tuition, books, and fees and is paid to the **Georgia school** of your choice.
4. In the event the student ceases a course of study in a medically-related field, scholarship funding will no longer apply.

I have read and clearly understand the above agreement, this ____ day of _____, 2025.

Student _____
Signature

Print Name

Parent/Guardian/
Spouse _____
Signature

Print Name

As part of your application, please submit:

1. At least two (2) letters of reference selected from teachers, counselors, supervisors, or clergy with date, appropriate letterhead and in a **sealed envelope**.
2. The **school and complete address** where the scholarship check is to be mailed if you are selected. Check with the school for the correct mailing information.
3. An **official** high school and /or college transcript in a **sealed envelope**. High school transcript is needed **only** if you are entering your freshman year of a medically related program through college, technical school or a hospital-based program.
4. **Official** proof of acceptance (if not currently enrolled) from the educational institution you will attend.
5. Please ensure that the completed application form, along with the required letters of reference, personal profile, high school and/or college transcript, and/or official proof of acceptance, is **postmarked** or hand-delivered to the Piedmont Fayette Gift Shop no later than **April 25, 2025**.