

Piedmont Henry Hospital Volunteers

SCHOLARSHIP FUND 2025

With great excitement, the Piedmont Henry Hospital Auxiliary is proud to grant a \$2,500 scholarship to three remarkable students who have excelled in their academic pursuits.

Who is eligible?

Applicants must meet specific qualifications to be considered. They should either be a member in good standing of the Piedmont Henry Hospital Auxiliary, a family member of a member, a Teen Volunteer at the hospital, an employee of Piedmont Henry Hospital, or a family member of an employee. In addition, they must be enrolling in or currently attending an accredited college or technical school in Georgia, with their studies directed towards a career in the healthcare industry.

What actions are required from the applicant?

Applicants must submit a copy of the following:

- A. An official high school/college transcript with a current GPA of 3.0 or higher
- B. Two letters of recommendation are required, consisting of one academic reference and one personal reference from a non-relative.
- C. Recent ACT or SAT or other appropriate college entrance exam scores
- D. Completed Scholarship Application
- E. Verification of acceptance by, or enrollment in, the educational institution that the applicant will be attending.
- F. A concise one-page narrative that emphasizes the key factors influencing your career selection.

What is the deadline for the applicant to submit their application?

The deadline for submitting all completed application packets is April 11, 2025, with no exceptions. You may deliver your applications to the Auxiliary Office situated on the upper level of the Education Building. Should the office be closed, a basket will be placed outside the door for your convenience. Additionally, you can submit your application at the Gift Gallery, which is open Monday through Friday from 10 AM to 2 PM. Finally, you can also scan all relevant information into one PDF file and send it via email to PHH.Volunteers@piedmont.org.

Note to Applicants

It is imperative to provide a comprehensive response to all questions and statements. Any applications or narratives that are inadequately prepared or lacking in detail will lead to **disqualification**.

It is agreed that:

- Scholarship funds will be paid to the school/college of your choice
- Any unused funds will be returned to PHH Auxiliary.
- All information will be held private

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PIEDMONT HENRY HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION

Please print or type. All blanks must be completed. Use N/A when not applicable. Blank spaces could lead to disqualification.

Personal Information

Full Name _____

Date of Birth _____

Email address _____

Present Address _____

Street

City

State

Zip

Phone

Parent/Legal Guardian Full Name: _____

(For children of Piedmont Henry Employee/Volunteer)

How did you hear about this scholarship? _____

What is your professional goal? _____

What is your course of study? Present Academic Level? _____

What is your cumulative GPA? _____

What school will you attend this fall? _____

Student ID _____

Full or Part-time Student? _____ Expected graduation date _____

If part-time, specify what else you will be doing. _____

List in chronological order all schools attended, beginning with high school; give addresses and degrees/diplomas granted:

What honors (academic or otherwise) have you received and when?

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

What are your hobbies and special interests? _____

Please describe why you think you should be considered for this scholarship?

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

Signature: _____ Date: _____

Scholarship Agreement

In the event that a student ceases the course of study in a related medical field, unused scholarship funds must be returned to the PHH Volunteers.

I have read and clearly understand the above agreement.

Signed, this _____ day of _____, 20 ____.

Witness: _____ Applicant: _____

(Also Print Name): _____ Applicant: _____

Parent/Guardian (if applicant a minor): _____