Dear Applicant:

Enclosed with the application packet are the following documents:

1. Health Careers Scholarship Guidelines
   This describes eligibility requirements and will answer many of your questions about how the program is administered. Please read it before completing the Application Form.

2. Application Form
   The application must be completed and signed by the applicant prior to submitting. If you do not have enough space to provide the requested information, please use the reverse side or an additional sheet of paper. Be sure to begin by using the correlating number to the statement or question. **Applications with unanswered questions will not be considered.** Use N/A for not applicable.

3. School Counselors Forms:
   It is your responsibility to have your school counselor complete this form. When completed, that form must be included with your application.

If you have any questions, please contact my office at Piedmont Newton Hospital for help.

Sincerely,

Eric S. Bour, CEO
Piedmont Newton Hospital
Purpose:
The purpose of the Health Careers Scholarship Program is to assist Piedmont Newton Hospital in meeting its goal of caring for patients by providing well-educated Health Care Professionals.

It is anticipated that scholarship recipients will wish to return to Piedmont Newton Hospital to practice their professional skills. Recipients are not required to return to Piedmont Newton Hospital as a condition receiving the scholarship.

In order to accomplish this purpose, the scholarship program is designed to encourage and assist worthy young men and women to prepare themselves through accredited or certified schools offering such programs.

Application Information:
- Applicants for scholarship awards must make application on the approved application form provided by Piedmont Newton Hospital.
- Applications are available in the Administrator’s Office at Piedmont Newton Hospital, 5126 Hospital Drive between the hours of 9:00 a.m. and 4:30 p.m., Monday through Friday from January 1 through March 1 of each year.
- **Completed, signed applications are due back to the Administrator’s Office by 4:30 p.m. on the first Friday in March of each year.**

Eligibility:

Scholarships are awarded to students pursuing careers in the following educational programs and who reside in Newton County and also attend school within the Newton County School System.

- Registered Nurse Training
- Licensed Practical Nurse Training
- Medical Technology
- Pharmacy
- Respiratory Therapy
- Radiographic Technology
- Physical Therapy
- Physician Assistant

Scholarships are awarded to applicants who have been accepted or intend to enroll as full time students in an accredited or certified school located in the State of Georgia, which offers training in health careers. Correspondence courses do not qualify.
Application forms will be reviewed by the Scholarship Committee and must include:

- Current picture of applicant *
- Personal History *
- Financial Need Information *
- Official transcripts showing a minimum grade point average of 3.0 *
- Two letters of recommendation from teachers, one must be from a science teacher *
- Completed School Counselor form *
- Completed application form *
- A personal interview with members of the Scholarship Committee at a designated time

*If any of the above items are omitted from your scholarship application, it will be rejected and you will be notified.

Scholarship Selection is based on:

- Scholastic record
- Character
- Leadership Qualities
- Participation in student and community activities
- Interest and knowledge of health career
- Personal interview

Number of scholarships awarded annually:

Up to five $1,500 scholarships are awarded annually. Three scholarships may be awarded by the hospital and two by the Auxiliary. The award is made payable during the fall academic period to the recipient’s institution upon receipt of verification of enrollment in the health related school. Some senior colleges do not accept students into their professional schools until the third academic year. In such circumstances, the scholarship award is held and then released to the institution upon verification of acceptance at the beginning of the third year.

Scholarship Selection Committee:

The Scholarship committee will be composed of the following individuals:

- Chief Executive Officer (if available)
- Chief Nursing Office
- Director of Inpatient Services
- Director Perioperative Services
- Staff Nurses, 2
- Manager Volunteer Services
- Auxiliary President
- Other appointees as assigned by Chief Executive Officer or Chief Nursing Officer

After the close of the scholarship application submissions, this committee will convene for the purpose of reviewing and selecting qualified applicants. Each applicant’s file will be reviewed by the selection committee and a decision made.

Applicants selected as recipients will be notified by letter. Presentation of the scholarship award will be made on the appropriate day when student honors are acknowledged. Recipients will be expected to attend the spring meeting of the hospital Auxiliary to be recognized.
Health Careers Scholarship School Counselor Form

To School Counselor:

Part of our evaluation process is to determine the applicant’s eligibility for receipt of a scholarship award. Please respond to the following regarding the student named below.

________________________________________________________________________

Student’s Name

1. What is your opinion of this student’s ability to pursue and complete a course of study in the field of study which they have chosen?

________________________________________________________________________

2. What do you believe is the student’s level of knowledge about this career field?

________________________________________________________________________

3. Has the student expressed interest in this career prior to applying for this scholarship?

________________________________________________________________________

4. How long has he/she been interested in this career?

________________________________________________________________________

5. Is the student a “self-starter” or does he/she need regular and continuous direction?

________________________________________________________________________

6. Additional comments

________________________________________________________________________

________________________________________________________________________

Thank you for your help in this matter. This form should be completed, sealed in an envelope and given to the student so that it can be returned along with the application in order to be considered during the interview process.

________________________________________________________________________

Signature of School Counselor

School ___________________________ Date ___________________________
Health Careers Scholarship Program
Application Form

APPLICATION DUE DATE: ___March 6, 2020___

Please type or print. ALL BLANKS MUST BE COMPLETED.
Use NA for not applicable. Applications with unanswered
Questions will not be considered. Use separate sheets
where necessary.

Full Name: ________________________________

Address: __________________________________

___________________________________________________________________________

Telephone: _________________________________

Email: ____________________________________

Age: __________________________

Date of application: _________________________

High School currently attending: ______________

1. State your professional goal_______________________________________________________

______________________________________________________________________________

2. Health Career for which Scholarship will be applied: ________________________________

3. Please write a brief statement describing why you have chosen this health career.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
4. Describe the factor or factors which influenced your decision to pursue this health career.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. What school will you attend this fall? ____________________________________________
   Address: ################################################################################
   Have you been accepted? ################################################################################

6. List honors (academic or otherwise) and dates received.

<table>
<thead>
<tr>
<th>Honors</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. List your affiliation with clubs, organizations and leadership roles you held in each.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. List other scholarships received and the amount of each.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. Please describe other financial support that will be used for your education.

______________________________________________________________________________
______________________________________________________________________________
10. List volunteer/extracurricular activities/jobs in which you have participated with dates and length of service.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
<th>Length of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Were any of these activities related to your health career field? ____________________________
   (If yes, please explain.)

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

12. What are your hobbies and special interests? ______________________________

   ____________________________________________________________

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

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

14. Two letters of reference from teachers and your school counselor submitted on school letterhead. It is required that one teacher be a science teacher.

   Teacher’s name_________________________________ Subject_______________________
   Teacher’ name_________________________________ Subject_______________________
   School Counselor name_____________________________________________________

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

Signature: __________________________ Date: __________________________