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2024 Piedmont Athens Regional Auxiliary Scholarship Program

- Applicant must be a resident of the 17-county area served by Piedmont Athens Regional (Athens-Clarke, Oconee, Oglethorpe, Madison, Jackson, Barrow, Walton, Morgan, Greene, Taliaferro, Wilkes, Elbert, Hart, Franklin, Banks, Stephens, & Habersham counties)
- Applicant should be either already enrolled or accepted into an educational institution within the State of Georgia.
- Applicant should have their school send an **official transcript** to the Piedmont Athens Regional Auxiliary scholarship committee indicating applicant's enrollment and current GPA.

For consideration, a minimum 3.0 GPA or for entering college freshmen, an equivalent high school grade average of B or above is required.

- At least **two (2)** letters of reference from teacher, counselor, supervisor, or clergy with current date and signed on appropriate letterhead and in a sealed envelope.
- A completed application form, an official transcript and letters of reference **must be received** by the Piedmont Athens Regional Auxiliary Scholarship Committee **by May 15** for consideration for the next school year.
- A personal interview with the Piedmont Athens Regional Auxiliary Scholarship Committee is a prerequisite to determining scholarship recipients.

**Piedmont Athens Regional Auxiliary
c/o PAR Community Relations
1199 Prince Avenue
Athens Georgia 30606**

Phone: 706-475-7025

PARcommunityrelations@piedmont.org

Piedmont Athens Regional Auxiliary Healthcare Scholarship

Name _____

Social Security Number (last 4 digits) _____

Permanent Address _____

(City) (State) (Zip)

Home Phone _____ Cell Phone _____

Email _____

School Address _____

(City) (State) (Zip)

Name of Nearest Relative _____

Relationship _____ Phone _____

Address _____

(City) (State) (Zip)

Give the names, addresses, and phone numbers of three (3) persons who are familiar with you and your work.

1) _____

(Name) (Phone) (City) (State) (Zip)

2) _____

(Name) (Phone) (City) (State) (Zip)

3) _____

(Name) (Phone) (City) (State) (Zip)

During the period fall _____ winter _____ spring _____ for which I am applying for this scholarship, I will be:

Full-time student _____ Part-time student _____ Grade Point Average (GPA) **Must be 3.0 or better:** _____

PLEASE REQUEST ORIGINAL TRANSCRIPT OF ALL COLLEGE WORK TO BE SENT TO:

**PAR Auxiliary Scholarship Committee
c/o Tammy Gilland
Community Relations Department
1199 Prince Avenue
Athens, GA 30606**

tammy.gilland@piedmont.org

Please write a brief paragraph about yourself including your professional goal and why you are applying for this scholarship. Mail brief paragraph, application, and two letters of recommendation in sealed envelopes to the above address. All materials must be received no later than **May 15, 2024**.