Emory Johns Creek Hospital Auxiliary
Scholarship Checklist

It is very important that your application is complete and all necessary attachments are included. Applications will not be considered if they are incomplete.

- All blanks must be filled in. If it is necessary to fully answer a question, attach an extra sheet of paper with the information. If a question does not pertain, please use n/a.
- You must submit two (2) signed letters of recommendation along with the application. One should be from a teacher or counselor. These should be on appropriate letterhead in sealed envelopes.
- Please include a short essay telling us a little about you, your career goals and the reason you chose a health-related field of study.
- Official transcript from the last educational institution you attended (i.e., high school or college).
- Verification letter from school indicating acceptance into the health-related program, date of acceptance (month and year), and proposed date of graduation (month and year).
- Completed and signed application, agreement.
- All completed and signed applications must be received by the Auxiliary Scholarship Committee no later than April 1, 2010.
- Scholarship recipients will be notified, in writing, on or before June 1, 2010.
- Please note that all decisions by the Auxiliary Scholarship Committee will be final.

Completed applications, with all necessary attachments, should be mailed to the following address:

Emory Johns Creek Hospital Auxiliary
Scholarship Committee
c/o Joan Holt
7545 Brookstead Crossing
Johns Creek, GA 30097

Please do not drop completed applications off at the hospital.
SCHOLARSHIP APPLICATION
Emory Johns Creek Hospital Auxiliary

PERSONAL INFORMATION:

Full Name_________________________ DOB____________________
Address____________________________________________________________
Phone Number_____________________ Cellphone Number________________________
Marital Status_________ Spouse’s Name________________________

EDUCATIONAL INFORMATION:

What is your professional goal? __________________________________________

What school will you attend in the fall? _________________________________

Have you received an acceptance letter? ______________________________

Full or part-time?_________ Expected graduation date________________________

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

List in chronological order all schools attended, beginning with high school, giving addresses and degrees granted:

________________________________________________________________

________________________________________________________________

________________________________________________________________

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

________________________________________________________________

________________________________________________________________

OCCUPATIONAL INFORMATION:

List all jobs you have held (dates, employer and type of work). Indicate full or part-time.

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CONFIDENTIAL INFORMATION: Supply information as applicable: Person(s) responsible for educational expenses: _______ Parents _______ Spouse _______ Self

IF PARENTS ARE RESPONSIBLE FOR YOUR EXPENSES, PLEASE COMPLETE:

Father’s Name ____________________________________________

Place of employment (name and address) ____________________________

Occupation and approximate income ____________________________

Mother’s Name ____________________________________________

Place of employment (name and address) ____________________________

Occupation and approximate income ____________________________

Number and ages of siblings __________________________________

How many in school __________________ In college _______________

IF MARRIED, PLEASE COMPLETE:

Spouse’s Occupation and approximate income ____________________________

Place of employment (name and address) ____________________________

Number and ages of children __________________________________

IF SINGLE AND SELF SUPPORTING, PLEASE COMPLETE:

Occupation and approximate income ____________________________

Number of children and ages __________________________________

OTHER INCOME SOURCES:

Please list ALL scholarship(s), loans, stipends, or other income sources (be specific including amounts)
____________________________________________________________
____________________________________________________________

________________________________________________________________

________________________________________________________________

STUDENT CERTIFICATION

I declare that all the information contained in this application is true, correct and complete.

Signed: ____________________________ Date: ____________________
SCHOLARSHIP AGREEMENT

Emory Johns Creek Hospital Auxiliary

It is agreed that:

1. The decision of the Scholarship Committee’s award is final.

2. Further personal and/or financial information will be provided to the Committee, if requested. This could be a personal interview.

3. Scholarship funding is to defray cost of all or part of tuition, lab fees, and registration. It can also be applied to the cost of books, special fees, special equipment needed, and uniforms that are necessary in the course of study. Scholarship money will be sent directly to the school. Scholarship funds cannot be used for room and board.

4. College and student agree that in the event the student ceases course of study in a health-related field, the scholarship will no longer apply. Unused balance of funds will be refunded to the Emory Johns Creek Hospital Auxiliary.

5. Applicants, except scholarship recipients, may request to have their applications returned after June 1, 2010. Please notify the committee if you wish for us to do so. If you do not request your application returned, applications will be disposed of within two (2) weeks of that date.

I have read and understand clearly the above Agreement.

Dated: This _______ day of ____________________, 2010

Signed: __________________________________________________________
         Student

Signed: __________________________________________________________
         Parent or Guardian Parent if applicant is under 18

Witness: __________________________________________________________

Witness: __________________________________________________________

For the School:

_____________________________ Name and Title
Date: ________________________