


NORTHSIDE HOSPITAL
AUXILIARY
Atlanta
SCHOLARSHIP

The Northside Hospital— Atlanta Auxiliary has a proud history of awarding scholarships to our Atlanta Campus employees, Auxilians, and their immediate family dependents. The Atlanta Campus includes areas where we have volunteer placements:

- ◇ Atlanta main campus (including the main hospital, Women’s Center, Tower, Center Pointe and Interchange)
- ◇ Alpharetta Medical Campus
- ◇ OP at Meridian Mark
- **Recipients must be enrolled in a *health related* program at an accredited college, university or technical school.**
- Scholarships are based on documented need and the number of qualified applicants.
- Applicants must:
 - ◇ Have completed at least 1 year of study; therefore **recent high school graduates are not eligible to apply.**
 - ◇ **Have a minimum of a 3.0 cumulative GPA**
- Eligible candidates **can apply annually.**

Who can apply:

- Current, *active* Northside Hospital –Atlanta Auxilians who have served a minimum of 100 hours in the last fiscal year.
- An employee of Northside Hospital Atlanta (full or regular part time) who has been employed for a minimum of 1 year.
- An immediate family member (spouse or dependent) of a *qualified* Auxilian or Northside Hospital-Atlanta employee.
- Dependents must be claimed on *required* current tax documentation.

Scholarship funds:

- May be used only for tuition and/ or books for the 2019-2020 academic year.
- Will be distributed directly to the institution.
- Unused scholarship payments will be refunded to the Northside Hospital-Atlanta Auxiliary—not refunded to the recipient.
- Awards are determined by the Scholarship Committee whose decision is final.

Checklist, if any of these are missing the application will be considered incomplete:

- Personal History—A one page, written or typed, profile stressing factors relevant to your experience and career goals—**not a resume**
- Documented Financial Information—**a copy of 1040 tax form is required.**
- Copy of Official Written Acceptance Letter—if entering graduate program or transferring schools
- Official Sealed College Transcript** sent from the current or last school attend (**not** printed from institution’s web page). The transcript must be in a sealed envelope, showing a minimum of a 3.0 cumulative grade point average and a minimum of one year of study already completed. If you do not have an official, sealed copy, one must be ordered.
- Verification of annual tuition amount
- A minimum of **two, current, original** Letters of Recommendation which must be **signed, dated and sealed in a envelope** with the applicant’s name on the front. If a NH employee one letter must be from a department supervisor or higher.
- Mail or hand deliver **completed** Application with all of the above included **on or before noon on June 14, 2019** to:
Northside Hospital-Atlanta Auxiliary Scholarship Committee, Ste. 961
1000 Johnson Ferry Road, NE; Atlanta, GA 30342

A personal interview with members of the Scholarship Committee will be scheduled with qualified applicants after review of all applications. Please make sure you are available the week of June 24-28. **Incomplete** or **late applications** will **NOT** be considered.

DATE: ____/____/____



**Please print or type. All blanks must be completed. Use "NA" for "not applicable".
Applications with unanswered questions will not be considered. Use a separate sheet where necessary.**

GENERAL INFORMATION

Last Name:	First Name:	MI:	Date of Birth:
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Present Address:

City:	State:	Zip:
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Preferred Contact Number:	Alternate Number:
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Permanent Address:

City:	State:	Zip:
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Northside Affiliation: <input type="checkbox"/> Auxilian <input type="checkbox"/> Employee <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse	NH affiliation, how long employed by NH: _____ What department: _____
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Student ID Number:	Present Academic Level:	Cumulative GPA:
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Which school will you attend this fall:	Anticipated Graduation Date:	What is your course of study (major):
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Full or Part Time: <input type="checkbox"/> Full <input type="checkbox"/> Part time	If part time, what else will you be doing:
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State your professional goal(s):

Email Address (please **print neatly**) - this is very important:

CONFIDENTIAL FINANCIAL INFORMATION

Person(s) responsible for your educational expenses: Self Mother Father Spouse Other

Your place of employment:

Your occupation:

Your annual income:

Do you contribute to the support of any other person: Yes No If yes, please explain:

Dependents and ages:

What is your marital status: Single Married Divorced Separated Widowed

Spouse's income:

IF YOU ARE CURRENTLY A DEPENDENT, PLEASE COMPLETE THIS SECTION:

Father's Name:

Income:

Mother's Name:

Income:

ATTACH THE MOST RECENT TAX FILING TO DOCUMENT INCOME OF APPLICANT, SPOUSE AND/OR PARENT (S) IF THEY ARE CONTRIBUTING TO THE FINANCIAL SUPPORT OF APPLICANT SHOWING ALL SALARIES, BONUSES AND COMMISSIONS.

OTHER INCOME SOURCES FOR THE COMING YEAR—Please be prepared to explain in detail.

Scholarship:

Amount:

Scholarship:

Amount:

Loan:

Amount:

Stipend:

Amount:

Tuition Reimbursement:

Amount:

Other:

Amount:

Other:

Amount:

Other:

Amount:

FINANCIAL OBLIGATIONS INCLUDING STUDENT LOANS

ACADEMIC INFORMATION

List the last 4 schools attended since high school graduation:

SCHOOL:	CITY & STATE :	DEGREE:	YEARS ATTENDED:

List honors (academic or otherwise) you have received and their dates:

HONOR/AWARD:	SCHOOL:	DATE:

2018-2019 ACADEMIC YEAR

ANNUAL TUITION COST PER SEMESTER (attach verification):	ANNUAL BOOK COST PER SEMESTER (attach verification):
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EXACT ADDRESS of your school's **Office of Financial Aid** (Please check for accuracy):

I DECLARE THAT THE INFORMATION IS ACCURATE AND COMPLETE.



Signature:

Date:

******* IF INVITED, THIS SECTION TO BE COMPLETED AT INTERVIEW *******

IT IS AGREED THAT:

1. The decision of the Scholarship Committee is final.
2. Personal and/or financial information will be provided to the committee as requested.
3. Scholarship funding is to defray the cost of all or part of tuition and/or books.
4. The awarded scholarship is paid directly to the school of the student's choice.
5. The scholarship is awarded for one year of study.
6. In the event that the student ceases the course of study in the related health field, the scholarship will be withdrawn and funds returned to the Northside Hospital-Atlanta Auxiliary.

I have read and clearly understand the above agreement. The information provided is accurate and true.

Signature _____ Date _____

Printed Name _____

Witness Signature _____ Date _____

Witness Printed Name _____