



**ROSEMARY FOX SCHOLARSHIP - 2020
COVERSHEET / CHECKLIST**

DATE: _____

APPLICANT NAME: _____

- Completed checklist
- Application – to be signed during interview
- Official Sealed College or Technical School Transcript
- Copy of Official Written Acceptance Letter
- Proof of anticipated tuition and fees
- A minimum of two, current, original letters of recommendation.
They must be signed, dated, sealed and sent directly to the applicant.
- Proof of participation in extracurricular activities
- Essay on why a positive attitude is important to your career goal.

ALL DOCUMENTS MUST BE SINGLE SIDED COPIES ONLY.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE INCLUDE THIS PAGE WITH YOUR APPLICATION

NORTHSIDE HOSPITAL AUXILIARY-ATLANTA

2020 ROSEMARY FOX SCHOLARSHIP

TODAY'S DATE: _____


Please print or type. <u>All</u> blanks must be completed. Use "NA" for "not applicable". Applications with unanswered questions will not be considered. Use a separate sheet where necessary.						
Last Name:		First Name:		MI:	Date of Birth:	
Present Address:						
City:				State:	Zip:	
Preferred Contact Number:			Alternate Number:			
Permanent Address:						
City:				State:	Zip:	
Northside Affiliation:		Auxilian Employee		NH Affiliation, how long employed by NH:		
Self Child Grandchild Spouse		What Department: Employee ID Number:				
Student ID Number:		Present Academic Level:		GPA:		
Which school will you attend this fall:		Anticipated Graduation Date:		What is your course of study (major):		
Full or Part Time Student: Full Part time		If part time, what else will you be doing:				
State your professional goal(s):						
Email Address (please print neatly) - this is very important:						

2020-2021 ACADEMIC YEAR

EXACT ADDRESS of your school's Office of Financial Aid (Please check for accuracy, check will be mailed here if selected):

TUITION COST (attach verification)	FEES (attach verification)
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I DECLARE THAT THE INFORMATION IS ACCURATE AND COMPLETE.

 Signature: _____ Date: _____

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

IT IS AGREED THAT:

1. The decision of the Scholarship Committee is final.
2. Personal 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 fees.
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 _____