



NORTHSIDE HOSPITAL
AUXILIARY
Atlanta
CHRISTA KRAUSE 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 only the 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 educational program at an accredited college, university or technical school in Georgia
- Scholarships are based on academic standards, financial 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** 3.0 GPA

Who can apply:

- Current, **active** Northside Hospital—Atlanta Auxilians who have served a minimum of 100 hours in the last fiscal year.
- Northside Hospital Atlanta active employees (full or regular part time) who have been employed for a minimum of 1 year.
- Immediate family members (spouse or dependent) of a *qualified* Auxilian or Northside Hospital-Atlanta employee.
 - Dependents must be claimed on *required* current 1040 tax documentation.

Scholarship funds:

- May be used for tuition and/ or books for the 2021-2022 academic year.
- Will be sent 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:

- Personal History—A one page, 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. The employee’s form if you are a dependent.
- Copy of Official Written Acceptance Letter—if entering graduate program or transferring schools.
- Official Sealed College Transcript sent from institution (not printed from institution’s web page), in a sealed envelope, showing a minimum of a 3.0 grade point average and a minimum of one year of study already completed.
- Verification of tuition amount, this can be printed from the website or your account.
- A minimum of two, current, original letters of recommendation which must be signed, dated and sealed. At least one of these letters must be on company letterhead. If you are an employee, one letter from a supervisor.

Mail or hand deliver your completed application **with all of the above included on or before noon May 28, 2021** to:

Northside Hospital-Atlanta Auxiliary Scholarship Committee, Ste. 961
1000 Johnson Ferry Road, NE
Atlanta, GA 30342

A personal interview (via Zoom) with the Scholarship Committee will be scheduled with qualified applicants during the week of June 7 – June 11, 2021.

UNSIGNED, INCOMPLETE OR LATE APPLICATIONS BE DISQUALIFIED

Please print legibly 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.

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

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 1040 TAX FILING TO DOCUMENT THE INCOME OF APPLICANT, SPOUSE AND/OR PARENT(S) IF THEY CONTRIBUTE 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:
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Loan:	Amount:	Stipend:	Amount:
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Tuition Reimbursement:	Amount:	Other:	Amount:
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Other:	Amount:	Other:	Amount:
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**FINANCIAL OBLIGATIONS FOR THE COMING YEAR INCLUDING STUDENT LOANS.
BE SURE TO STATE WHETHER TUITION AMOUNT NEEDED IS FOR SEMESTER OR FULL YEAR.**

ACADEMIC INFORMATION

List the last 4 schools attended since high school graduation:

SCHOOL:	CITY & STATE:	DEGREE:	YEARS ATTENDED:

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

HONOR/AWARD:	SCHOOL:	DATE:

2021-2022 ACADEMIC YEAR

TUTION 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, check will be mailed to this address):

I DECLARE THAT THE INFORMATION IS ACCURATE AND COMPLETE.



Signature:

Date:

BECAUSE ALL INTERVIEWS WILL BE CONDUCTED OVER ZOOM, THE SECTION BELOW WILL BE COMPLETED DURING YOUR INTERVIEW. IT WILL BE SIGNED –WITH YOUR PERMISSION - BY THE SCHOLARSHIP COMMITTEE.

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 _____