



Council on Volunteer Services
Georgia Health Care

ELIZABETH WILMOT BULL MEMORIAL SCHOLARSHIP APPLICATION

FOLLOW DIRECTIONS PRECISELY.

Please print or type. All blanks must be completed. Use N/A when not applicable and explain why. Blank spaces will disqualify application.

DO NOT REPRODUCE AS DOUBLE-SIDED. USE SINGLE-SIDE ONLY

PERSONAL INFORMATION

1. Full Name: _____
2. Social Security Number* xxx-xx-xxxx NOTE(*) Will be required ONLY if you are chosen as a scholarship recipient
3. Date of Birth: _____
4. Present street address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Permanent address: _____
Email address: _____ Cell Phone: _____
Marital Status: _____ Spouse's Name: _____
Dependents (age and relationship): _____

EDUCATIONAL INFORMATION

1. What is your professional goal? _____

2. What is your course of study? _____

3. What is your present academic level? _____

4. What is your cumulative grade point average? _____
5. What school will you attend this fall? _____

Mailing address and telephone number of Financial Aid Office- (PLEASE VERIFY TO AVOID PAYMENT DELAY)

Full time student? _____ Part-time student? _____ Expected graduation date? _____

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

6. List in chronological order all schools attended, beginning with High School, providing addresses and diplomas or degrees granted: _____

7. What honors (academic or otherwise) have you received and when: _____

OCCUPATIONAL INFORMATION

1. What health or science related fields or activities have you been involved in for recreation or as a volunteer?

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

EMPLOYER	FT/PT	TYPE OF WORK	DATES
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3. If presently employed, please list your current employer, duties, and income: _____

4. If you are not currently enrolled in school, how have you been occupied since leaving school? _____

CONFIDENTIAL INFORMATION

1. How much of your college expenses are you responsible to pay? _____
Your occupation and approximate annual income: _____
Do you contribute to the support of any other person(s) or have other financial obligations? Yes ____ No ____
If yes, please list: _____
2. Father's name: _____
If Father is contributing to your educational expenses, what percentage is he responsible to pay? _____
3. Mother's name: _____
If Mother is contributing to your educational expenses, what percentage is she responsible to pay: _____
Number and ages of siblings: _____
How many are in school: _____ How many are in college: _____
4. Spouse's name: _____
If spouse is contributing to your educational expenses, what percentage is he/she responsible to pay: _____

Other income sources

1. Scholarship(s): please specify type and amount and for what time period: _____

2. Loan(s): please specify type and amount and for what time period: _____

3. Stipends: _____
4. Other: _____

I declare that the information reported herein is true, correct, accurate and complete.

Signature: _____ **Date:** _____

SCHOLARSHIP AGREEMENT

It is agreed that:

1. The decision of the Scholarship Committee’s award is final.
2. Additional personal and/or financial information will be provided to the Committee if requested.
3. Scholarship funding is to defray cost of all or part of tuition and fees and is paid to a **Georgia School** of your choice.
4. In the event that a student ceases the course of study in a related medical field, scholarship funding will no longer apply.

I have read and clearly understand the above agreement.

Signed, this _____ day of _____, 20_____

Applicant: _____

Signature

 Print

Witness: _____

Signature

 Print

Parent/Guardian (if applicant is a minor): _____

As part of the application process, please submit:

1. At least two (2) letters of reference from a teacher, a counselor, a supervisor, or a member of the clergy with a current date, on appropriate letterhead stationery, **in a sealed envelope.**
2. A **single page (1)** narrative profile of yourself stressing factors relevant to your occupational choice and goals. Stress qualifications which you believe that you must pursue to complete your education in your chosen field.
3. An **official** college transcript. **The transcript must be in a sealed envelope from the school.**
4. **Official proof** of acceptance (if not currently enrolled) from the educational institution that the applicant will attend.
5. A personal interview with a letter of recommendation from the sponsoring Auxiliary’s President or the Chair of the Auxiliary’s Scholarship Committee. **This letter must be on hospital or auxiliary letterhead stationery and it must be signed and dated.**
6. The completed application form with the letters of reference, personal profile, transcripts, proof of acceptance, and the interviewer’s letter of recommendation **must be mailed to the Elizabeth Wilmot Bull Scholarship Chair and postmarked no later than February 15 of the year in which the application is submitted. Incomplete packages will be returned.**

NAME OF SPONSORING VOLUNTEER SERVICE:

Signature of Volunteer President or Scholarship Chair: _____ **Date:** _____

Please “print” name: _____ Email: _____

Home address: _____ Phone: _____