



**ROSEMARY FOX SCHOLARSHIP - 2023
COVERSHEET / CHECKLIST**

DATE: _____

APPLICANT NAME: _____

- This Completed checklist
- *Application – to be signed during interview.
- Official Sealed College or Technical School Transcript
- Copy of Official Written Acceptance Letter or email
- Proof of anticipated tuition, fees or books
- A minimum of two, current, original letters of recommendation. At least one letter must be on letterhead. Both must be signed, dated, sealed and sent directly to the applicant. Include signed letters in the completed packet sent to the Auxiliary.
- 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

**If interviews are conducted virtually, the Scholarship Committee will sign the application with your permission, on your behalf during the interview.*

NORTHSIDE HOSPITAL AUXILIARY-ATLANTA

2023 ROSEMARY FOX SCHOLARSHIP

DATE OF APPLICATION: _____

Please print LEGIBLY or type. <u>All</u> blanks must be completed. Use “NA” for “not applicable”. Applications with unanswered questions <u>will not be considered</u>. 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 and zip			Email address: (BE SURE TO WRITE CLEARLY)	
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):				
List extracurricular activities:				

2023-2024 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)

LIST YOUR INCOME (IF ANY) AND OTHER POSSIBLE SOURCES OF INCOME, i.e., other grants, loans, family members, etc.

I DECLARE THAT THE INFORMATION IS ACCURATE AND COMPLETE.

 **Signature:** _____ **Date:** _____

**IF INVITED, THIS SECTION TO BE SIGNED AND COMPLETED AT INTERVIEW
(If interview is conducted virtually, the Scholarship Committee will sign this application
with your permission, on your behalf during the 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, fees 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 _____