

Elbert Memorial Hospital Auxiliary

4 Medical Drive
Elberton, Georgia 30635
Scholarship Committee

Guidelines

I. Purpose

To provide scholarships to persons interested in a healthcare career or to improve their skills in healthcare

II. Selection Committee

The Scholarship Committee shall be composed of the following members:

1. Chairman (Active Auxiliary member appointed by the President)
2. Auxiliary President
3. Auxiliary President-Elect
4. Auxiliary Representative at large (Active member)
5. EMH Performance Improvement Director

III. Scholarship Criteria

1. Applicant's field of study must be in healthcare
2. Acceptance at an accredited institution
3. Application
 - a. High school seniors must be Elbert County residents
ECCHS seniors must apply directly to the ECCHS Auxiliary Scholarship Program
 - b. Adults desiring consideration may apply directly to the EMH Auxiliary Scholarship Program. Adult applicants must be Elbert County residents or employed full-time at a healthcare facility in Elbert County
4. GPA/Academic Rigor
5. Community Service
6. Leadership
7. SAT/ACT Scores
8. Work Experience
9. Financial Need
10. Interview
11. Payment will be made directly to the institution

IV. Award Decisions

If the Committee determines that there is no applicant who meets all requirements, no scholarship will be awarded.

V. Committee Decisions

These Guidelines are non-binding requirements. All Committee decisions are final.

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The EMH Auxiliary Scholarship

The annual scholarship is awarded to assist a recipient pursuing a health related educational program as a student in an accredited college, university or health related technical school. ECCHS seniors must apply directly to the ECCHS Scholarship Program. Adult applicants must be either Elbert County residents or employed full-time at a health related facility in Elbert County. The EMH Auxiliary Scholarship funds are to be used for tuition, fees and books.

Application forms will be reviewed by the Scholarship Committee and must include:

1. Personal History—A one page written profile of applicant in essay form, stressing factors relevant to your occupational choice and goals.
2. Official written acceptance by an accredited school
3. Official transcripts showing a minimum grade point average of 2.5 on a 4.0 scale
4. SAT or ACT scores
5. Two letters of recommendation sent directly to the Scholarship Chairman by the individuals who write the recommendations. Letters may be from high school teachers, college professors or employers—not personal friends.
6. Completed Application
7. A personal interview with the Scholarship Committee may be required.

All correspondence (recommendations, transcripts, and applications) should be mailed to:

Elbert Memorial Hospital Auxiliary
Attn: Scholarship Committee
4 Medical Drive
Elberton, Georgia 30635

2020 Scholarship Deadline: Friday, March 15, 2020

Elbert Memorial Hospital Auxiliary

Scholarship Application Form

Please print or type. All blanks must be completed. Use NA for not applicable.

Applications with unanswered questions will not be considered. Use separate sheet where necessary.

Full Name _____

Present Address _____

Permanent Address _____

Telephone _____ Email _____

State your professional goal _____

What is your course of study? _____

Present Academic Level _____

GPA _____

SAT Math _____ English _____ Writing _____

ACT _____

What school will you attend? _____

Beginning Semester: _____

List all schools you have attended beginning with high school. List grade completed and degrees earned.

List all jobs you have held and indicate full or part-time:

Dates

FT/PT

Employer

Responsibilities

List community activities (This may include civic, faith-based and other activities):

In what health related fields or activities have you been involved for recreation, as a volunteer, or as an employee?

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

Signature_____

Date_____