



Gordon Hospital Foundation

SCHOLARSHIP APPLICATION

Please TYPE or PRINT IN INK, answering all questions applicable to your present status:

Date: _____

SSN: _____

1. Name: _____
(Last) (First) (M.I.)

2. Home Address: _____
(Number & Street)

(City) (State) (Zip) (Phone Number)

3. Date of Birth: _____ 4. Initial Application _____
Renewal Application _____

5. List all persons presently living in your home who are dependent on the total household income:

____ Yourself _____ Spouse _____
(name & age)

____ Father _____ Siblings _____
(names & ages)

____ Mother _____ Children _____
(names & ages)

____ Other _____
(names & ages)

COMPLETE ITEMS 6 THRU 9, IF APPLICABLE

6. Father's Occupation _____
(Job Title) (Employer) (Location)

\$ _____
(Current Yearly Income)

7. Mother's Occupation _____
(Job Title) (Employer) (Location)

\$ _____
(Current Yearly Income)

8. Spouse's Occupation _____
(Job Title) (Employer) (Location)

\$ _____
(Current Yearly Income)

9. Your Occupation _____
(Job Title) (Employer) (Location)

\$ _____
(Current Yearly Income)

10. How many family members will be attending college next fall? _____

11. I will graduate/have graduated from _____ High School on: _____

HIGH SCHOOL TRANSCRIPT REQUIRED if you are a High School Senior.

12. Examinations: Please list all college entrance examinations you have taken to date.

Attach copies of your scores/results.

College Entrance Examination(s)- SAT score _____ ACT score _____

(OTHER) _____

13. College/College Plans (list name of school/schools and present status):

A. Name: _____

___ Prefer to Attend ___ Have Applied ___ Am Accepted ___ Now Attending

B. Name: _____

___ Prefer to Attend ___ Have Applied ___ Am Accepted ___ Now Attending

C. Name: _____

___ Prefer to Attend ___ Have Applied ___ Am Accepted ___ Now Attending

14. Course of study I am planning to pursue: _____ Degree: _____

15. If presently attending college, what is your current academic level

(based on credit hours)? **COLLEGE TRANSCRIPTS REQUIRED.**

_____ Freshman _____ Sophomore _____ Junior _____ Senior

Approximate number of quarters/semesters remaining before graduation:

_____ Quarter(s)/Semester(s) remaining

16. Special Recognition:

Please list (Honors, Awards, Scholarships, Honor Societies, etc.):

17. Activities: Please list high school/college activities (sports, clubs, etc.)

and organized outside activities including community service:

18. Please describe your work activities during the past few years, at home, at school or campus, or for outside employers:

19. Outside financial aid:

Please list any sources of outside educational financial aid (scholarships, grants, state/federal aid, etc.) for which you have applied or which you have already been granted. Please list if you are eligible for Hope Scholarship.

Already received award?	Title of Grant	\$Amount	Renewable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

20. Please **submit a letter from your parent(s) or legal guardian(s)** if you are a dependent, stating that they are aware you are applying for this scholarship, and that they agree to provide information regarding their employment, income, as well as any other information that might be deemed appropriate by the Scholarship Committee to evaluate your current financial need.

21. **Briefly** describe why you would like to be a health care professional:

22. **Three letters of reference required.** At least one should be from current/recent high school or college teacher or work supervisor.

CERTIFICATION: I ACKNOWLEDGE THAT ANY SCHOLARSHIP AWARDED IS WITH THE UNDERSTANDING THAT I WILL COMPLY WITH THE RULES OF THE GORDON HOSPITAL FOUNDATION SCHOLARSHIP COMMITTEE PROVIDED TO ME. AND, I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT.

(Signature of Applicant)

(Date)

COMPLETE AND RETURN TO:
GORDON HOSPITAL FOUNDATION
P O Box 304
Calhoun, GA 30703

DEADLINE: APRIL 5, 2010
5:00 p.m.