



WELLSTAR COBB HOSPITAL  
2015 AUXILIARY SCHOLARSHIP APPLICATION

Instructions:

1. Type or print legibly your answers on the attached WellStar Cobb Hospital Auxiliary Scholarship Application.
2. Forward:
  - Your completed application no later than **April 15, 2015**.
  - An **OFFICIAL** transcript from your school (sent by school), college acceptance letter and references no later than **May 27, 2015**.

**Linda Johnson** (Scholarship Chairperson): [lsj2580@bellsouth.net](mailto:lsj2580@bellsouth.net)  
(preferred means of communication) or

Lori Campbell  
Volunteer Services Manager  
WellStar Cobb Hospital  
3950 Austell Road  
Austell, GA 30106  
Attn: Scholarship Committee

- 3 Reference forms will then be mailed to the references listed on the application.
- 4 All applicants will be notified in writing of the decision of the scholarship committee by **June 19, 2015**.
- 5 The decision of the scholarship committee is **final**.
- 6 For questions, please contact **Linda Johnson** at [lsj2580@bellsouth.net](mailto:lsj2580@bellsouth.net)



# WELLSTAR COBB HOSPITAL 2015 AUXILIARY SCHOLARSHIP

## Scholarship Requirements

To be eligible for WellStar Cobb Hospital 2015 Auxiliary Scholarship, applicants must meet the following criteria:

1. Applicant must be pursuing a degree or certificate in the healthcare profession.
2. Applicant must have a minimum GPA of 3.0
3. Applicant must submit an **OFFICIAL** high school and/or college transcript and available aptitude and achievement tests.
4. Applicant must be enrolled or submit **OFFICIAL** proof of acceptance (if not currently enrolled) from the educational institution you will be attending in the State of Georgia.
5. Applicant must be a resident of Cobb County, Georgia or volunteer/be employed at WellStar Cobb Hospital.
6. Applicant must be a citizen of the United States or a permanent resident of the U.S. (proof of a permanent visa will be required at the time of the interview).
7. Scholarship awards will be based on the applicant's:
  - Scholastic Records
  - Character
  - Qualities of Leadership
  - Participation in Student and Community Activities
8. **Applicant must be available for an interview on Wednesday, June 10, 2015. The interviews will be held in the Oran/North Professional Building, 1791 Mulkey Road, Austell GA.**

## PLEASE NOTE:

The scholarship tuition will be paid in **two** installments of \$1,250 directly to the college of your choice, as long as it meets the criteria as stated in the WellStar Cobb Auxiliary Scholarship Requirements. The first payment will be made to the school at the beginning of the Fall term and the second payment will be made to the school in the Spring term after your official GPA grade is received (3.0 minimum GPA).



## WellStar Cobb Hospital Auxiliary 2015 Scholarship Application

### PERSONAL INFORMATION:

1. Full Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Present Address \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip Telephone

Permanent Address \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip Telephone

Email: \_\_\_\_\_

4. Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Dependents (age and relationship) \_\_\_\_\_

5. Resident Status  Citizen of U.S.  Permanent resident

6. Have you been convicted of felony  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL INFORMATION

1. What is your course of study? \_\_\_\_\_ Present academic level? \_\_\_\_\_

2. What is your cumulative grade point average? \_\_\_\_\_

3. Are you presently enrolled?  Yes  No  
If not, have you applied or been accepted to a college program? \_\_\_\_\_

4. What school will you attend this fall? \_\_\_\_\_

5. Full or Part-time \_\_\_\_\_ Expected graduation date? \_\_\_\_\_

6. If part-time, specify what else you will be doing? \_\_\_\_\_

7. Address of FINANCIAL AID OFFICE \_\_\_\_\_



## WellStar Cobb Hospital Auxiliary 2015 Scholarship Application

### EDUCATION INFORMATION CONT'D

<b>TYPE OF SCHOOL</b>	<b>Name and Location</b>	<b>Major Subject</b>	<b>Dates Attended</b>	<b>Degree Obtained</b>	<b>Grade Average</b>
HIGH SCHOOL					
COMMUNITY COLLEGE					
COLLEGE					
VOCATIONAL SCHOOL					
GRADUATE and/or OTHER					

List honors awards/accomplishments in school or community \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# WellStar Cobb Hospital Auxiliary 2015 Scholarship Application

## EMPLOYMENT

List your last three jobs beginning with the most recent:

<b>Dates Employed</b>	<b>Employer</b>	<b>Position</b>	<b>Salary</b>	<b><u>Reason for Leaving</u></b>

## PERSONAL ACCOMPLISHMENTS YOU HAVE ATTAINED OR HOPE TO ATTAIN

Describe briefly any volunteer work you have done, telling what you did, where and when (dates) you volunteered.

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What are your reasons for selecting a healthcare profession?

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What are your future professional goals?

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How have you demonstrated leadership?

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## WellStar Cobb Hospital Auxiliary Scholarship Agreement

2015~2016

I understand that the scholarship tuition will be paid in 2 installments, one for each term. Each term there will be an allowance of \$1,250 for a total tuition scholarship of \$2,500. Payments will cover the fall term session 2015 through the end of the spring term session of 2015.

These payments will be made directly to the college of my choice, as long as it meets the criteria as stated in the WellStar Cobb Hospital Auxiliary Scholarship Requirements.

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize the WellStar Cobb Hospital Auxiliary or its designee to investigate the foregoing and any additional personal and or financial information, which may assist them in determining qualifications for the scholarship. I release the WellStar Cobb Hospital Auxiliary from any liability or damage, which may result from such investigation. I understand that if anything contained in this application is found to be untrue, consideration for this scholarship will be revoked. I also understand that the decision of the scholarship committee is **final**.

Additionally, I agree that if I am awarded the scholarship, I must maintain a minimum GPA of 3.0 while enrolled in school, and in the event I should discontinue the course of study for which the scholarship is awarded, funding will no longer apply.

I have read, clearly understand, and agree to the above agreement:

\_\_\_\_\_  
**Signature of Scholarship Applicant**

\_\_\_\_\_  
**Date**

\*\* If applicant is under the age of 18, a parent or guardian must sign below

\_\_\_\_\_  
**Signature of Applicant's Parent/Guardian**

\_\_\_\_\_  
**Date**



## WellStar Cobb Hospital Auxiliary 2015 Scholarship Application

### REFERENCES:

Give names, complete address, email address, cell or work telephone numbers, and relationship of three individuals (**EXCLUDING RELATIVES**) who know you well and whom the scholarship committee may contact. We would like to have one person from each category on the following list:

- Employer or Co-worker
- Teacher, Coach or Counselor
- Pastor or Mentor

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Address

City

State

Zip Code

Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Address

City

State

Zip Code

Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Address

City

State

Zip Code

Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_