



**Brookwood
Baptist
Health™**

Brookwood Baptist Medical Center

January 5, 2018

Wallace State - Dothan
Office of Student Financial Aid
1141 Wallace Drive
Dothan, AL 36303

Dear Sir/Madam:

The members of the Brookwood Medical Auxiliary, Inc. are pleased to inform you that we will be awarding several scholarships in medically related fields for the school year 2018– 2019.

I am enclosing application forms as well as criteria for this year's scholarship. Use these master copies to make as many as you need for your students. Please discard any old application forms you might have on hand. Our deadline for receipt of the applications and all accompanying documents is May 24, 2018. We expect to inform applicants of scholarship decisions in July.

We look forward to working with your students. If you have any questions, please contact me at the Volunteer Office at (205) 877-5140.

Sincerely,

Joanna Holmes
Scholarship Chairman

Brookwood Medical Auxiliary Inc.
2010 Brookwood Medical Center Drive
ACC Suite 405
Birmingham, Alabama 35209

FOR THE ACADEMIC YEAR FALL 2018-SUMMER 2019

Criteria For Healthcare-Related Scholarship Applicants:

Applicants must be presently enrolled in college and have completed at least 2 semesters in an undergraduate program of healthcare-related studies at a college located in the state of Alabama. Consideration for this scholarship is based on grades (must have an overall GPA of 3.0 or better) and financial need. If you have already received a BS degree in another major, you are NOT eligible for this award. Scholarships are issued for one year of academic study. Past recipients must reapply each year.

In addition to completing the application, the following paperwork must be submitted in order to be considered for a scholarship:

1. A short, typed essay to give the Scholarship Committee some insight about you personally and why you are applying for this scholarship.
2. Faculty letter of recommendation on **school letterhead** with an **original signature**. This letter **must** be from an instructor you have had during the past two semesters in a course **directly related** to your major.
3. Letter from Financial Aid Office which must address yearly tuition and fees as well as any scholarships, grants and loans already received or due to be received by the student.
4. Personal letter of recommendation from one other individual. This reference may be from place of employment, church, or any other organization (excludes relatives) - **letterhead preferred and original signature required**.
5. **Official** transcript from current college showing final grades after **completion** of the Spring 2018 semester. **No "in progress" transcripts or ones printed by students will be accepted.**

Please fill out the application completely and make certain it is accurate and neat. It is the **applicant's responsibility** to check with our office to make sure **all** the required paperwork has arrived by close of business on May 24, 2018. Please collect all items and turn in as **ONE** complete package. The only exception is that transcripts may be mailed directly from your school. **No late or incomplete applications will be considered.** Recipients will be notified of their scholarship amount by mail and payment will be made directly to the Financial Aid Office of the recipient's school. These funds may be applied **only** towards the cost of tuition, fees and books.

Brookwood Medical Auxiliary, Inc.
2010 Brookwood Medical Center Drive
ACC Suite 405
Birmingham, Alabama 35209
(205) 877-5140

Application Form for Healthcare-Related Scholarship

ACADEMIC YEAR FALL 2018-SUMMER 2019

NAME: _____

PERMANENT ADDRESS: _____
(Street)

(City) (State) (Zip Code)

EMAIL ADDRESS: _____

PHONE NUMBER: _____

EDUCATION: (List name of schools and dates attended)

High School _____ From _____ To _____ GPA _____

GED Equivalency _____ From _____ To _____ GPA _____

College _____ From _____ To _____ GPA _____

College _____ From _____ To _____ GPA _____

Nursing School _____ From _____ To _____ GPA _____

Other _____ From _____ To _____ GPA _____

How were you referred for this scholarship application: _____

ARE YOU EMPLOYED? _____ IF SO, WHERE? _____

NAME OF EMPLOYMENT SUPERVISOR: _____

List any jobs and/or volunteer work in the medical field you have held:

Please list **ALL** scholarships, grants, and any other financial assistance you will/might receive for next year:

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Signature: _____ Date: _____

REV. 1/18

Also, we ask that you please attach a recent photo. This could be a copy of your student ID, your Driver's License or your passport.

***Important Note:* The entire package of information must be received in our Brookwood office by 4:00 PM on Thursday, May 24th to be considered for a scholarship.**