

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

FOR THE ACADEMIC YEAR FALL 2017-SUMMER 2018

Criteria For Healthcare-Related Scholarship Applicants:

Academic: Must be presently enrolled in college and have completed at least 2 semesters (freshman year) with a 3.0 or better overall grade point. Consideration for our Scholarship is based on grades and financial need.

Personal:

1. No academic or social probations.
2. No criminal record which would interfere with obtaining a licensure.
3. Scholarships are issued for one year of academic study. Past recipients must reapply each year.
4. Applicants must be of high moral character, must be about to complete at least your Freshman year in an undergraduate program of healthcare-related studies in an accredited college within the state of Alabama and must have at least two (2) semesters of college remaining.

In addition to an 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 should 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 2017 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 25, 2017. 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.

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(205) 877-5140

Application Form for Healthcare-Related Scholarship

ACADEMIC YEAR FALL 2017-SUMMER 2018

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. 1/17

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.

***Note:* Please refer to Criteria for Scholarship Applicants. Application, official transcript from college currently attending, essay and letters of recommendation must be received by May 25th to be considered for a scholarship.**