NORTH BALDWIN COUNTY HEALTH CARE AUTHORITY
SCHOLARSHIP PROGRAM GUIDELINES

This document sets forth the criteria for participation in the North Baldwin Infirmary Scholarship Program. Scholarships will be awarded to qualified applicants pursuing a degree in the health care field.

Scholarships are only available to students who have already graduated in the Spring of 2020 and who are currently enrolled in college classes. Current high school students enrolled to graduate in the 2020-2021 class are NOT eligible.

Eligibility Criteria:

I. Recipient must reside in the North Baldwin County Health Care Authority tax revenue service area, or must be a full-time employee of NBI or a dependent of a fulltime employee of NBI.

II. Evidence of acceptance or currently attending an accredited college or university, technical school or pursue advanced degree in Health Care.

III. Submit a 250 to 500 word, doubled-spaced essay in twelve (12) point font describing why the applicant believes he or she should be the recipient of this scholarship.

IV. Successful completion of a personal interview the North Baldwin County Health Care Authority Scholarship Committee. If selected for an interview, student must be available via ZOOM on September 23rd. Time TBD.

Amount:

After providing proof of enrollment, the North Baldwin Infirmary Scholarship Committee will award a possible fifteen (15) - $1,000.00 scholarships to selected applicants. Previous Awardees may reapply one time for a total of two scholarships.

APPLICATION PROCEDURES

1. Only completed applications will be considered for the scholarship award. A completed application must include:
   ____ Scholarship Application
   ____ 250 – 500-word essay that includes information about your desire to pursue a career in the healthcare field
   ____ Three (3) letters of recommendation; letters of recommendation must be signed by referring individual.
   ____ Copy of Official Transcript (sealed preferred)

2. Completed applications must be returned to:
   Kristina Angelone
   North Baldwin Infirmary
   Coordinator of Community Programs & Support - NBI
   P. O. Box 1409
   Bay Minette, Alabama 36507

3. All completed applications must be received by Monday, August 31st by 4:00 pm
NORTH BALDWIN COUNTY HEALTH CARE AUTHORITY
SCHOLARSHIP APPLICATION FORM

Applicant Profile

Name: ___________________________________________________________________________________
   (Last)                                        (First)                                          (Middle)

Address ____________________________________________________________________________________

City _________________________State ____________________Zip Code ___________________________

Telephone ________________________________________Email address ____________________________
   (Home)                         (Cell)

Leadership/Community Service Profile

List any activities (i.e. clubs, church, organizations, sports, etc) in which you have been involved and any leadership roles held. Include dates of involvement. You may attach a separate sheet if more space is needed.

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To Be Completed by High School Applicants

Parent(s)/Guardian(s)_____________________________________________________________________

Parent(s)/Guardian(s) Address (if different from above)_____________________________________

Parent(s)/Guardian(s) Telephone number (if different from above) ________________________________

Collegiate Goals

Please list in order of preference the top four colleges/universities, to which you have applied, plan to apply or list current college/university attending:

(1)____________________________________       (2)____________________________________
(3)____________________________________       (4)____________________________________

Have you been accepted to a college/university? Yes _______   No _______

Do you plan to complete an Associate’s Degree, Bachelor’s Degree or attend a Technical School?

_______________________________________________

What healthcare area of study do you plan to pursue?

_______________________________________________
References – List Three Below

1. Name _________________________________________________________________
   Address ______________________________________________________________
   Phone Number ___________________________________________________________________

2. Name _________________________________________________________________
   Address ______________________________________________________________
   Phone Number ___________________________________________________________________

3. Name _________________________________________________________________
   Address ______________________________________________________________
   Phone Number ___________________________________________________________________

Please have your references write a letter of recommendation for you. These letters should be addressed to North Baldwin County Health Care Authority Scholarship Committee and should include:

- Name and address of reference
- Relationship to applicant
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award
- Reference letters must be signed by the individual recommending applicant for scholarship.

Each letter of recommendation should be returned to applicant to be included as part of the application package.

Employment

Are you currently employed? Yes _____  No _____

If yes, please provide the name of your employer _______________________________________

Position ____________________________________________________________

Academic Profile

Current High School/College/University _____________________________________________

ACT/SAT Score ____________ GPA ____________ Class Rank ___________________________
(Please include a copy of your transcript)
COMPLETED APPLICATION CHECK LIST

Before sealing your package, please make sure all items listed below are included:

_____ Scholarship Application
_____ 250 – 500 Word Essay
_____ Three (3) letters of recommendation (signed by reference)
_____ Copy of Official Transcript (sealed)

Incomplete packages will not be considered for award.

Your completed application package should be mailed or delivered to:

    Kristina Angelone
    North Baldwin Infirmary
    Coordinator of Community Programs & Support - NBI
    P. O. Box 1409
    Bay Minette, Alabama  36507