

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.

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.

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)
2. Completed applications must be returned to:
 - Kristina Angelone
 - North Baldwin Infirmary Guest Relations Office
 - P. O. Box 1409
 - Bay Minette, Alabama 36507
3. All completed applications must be received by **April 15, 2020 by 4:00 pm**

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 Guest Relations Office
P. O. Box 1409
Bay Minette, Alabama 36507