



Thomas Hospital
INFIRMARY HEALTH

Health Career Scholarship APPLICATION

To be considered, applicants must be Baldwin County residents pursuing degrees in healthcare. They must be currently enrolled full time at an accredited college or university as juniors or seniors pursuing a bachelor's degree, or in the last year of an associates' degree program. Graduate and medical school students are also eligible for this scholarship after they have completed their undergraduate studies and been accepted into a health career program. Undergraduates must provide OFFICIAL documentation of full-time enrollment from their schools. Graduate and medical school students must provide acceptance letters into a program.

This completed application, OFFICIAL documentation of enrollment status and transcripts from all colleges attended up to the present, a brief personal essay, and references are required. A photo is also requested. All items must be postmarked to the address on the other side of this application no later than May 3, 2019.

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Mailing address: _____

E-mail address: _____

Home phone: _____ Cell phone: _____

Alternate contact person and phone number: _____

Marital status: () Single () Married () Divorced () Widowed

Spouse's name and occupation: _____

Number of Children: _____ Age(s): _____

Father's name and occupation: _____

Mother's name and occupation: _____

EDUCATION:

High school: _____ Year of graduation: _____

University/College/Business School/Technical School	No. of years/months attended	from	to

What are your career goals? _____

Current activities and community involvements: _____

FINANCIAL AID: List any sources of funding you have at this time to help defray school expenses.

Scholarship: _____ Amount \$ _____ How often? _____

Grant: _____ Amount \$ _____ How often? _____

Loan: _____ Amount \$ _____ How often? _____

Other: _____ Amount \$ _____ How often? _____

EMPLOYMENT:

Current employer: _____

Address: _____ Phone number: _____

Position/title: _____ Dates of employment: _____

Previous employer: _____

Address: _____ Phone number: _____

Position/title: _____ Dates of employment: _____

REFERENCES: Ask three non-relatives, one personal and two academic, to write referral letters. Letters must be sent directly from these people to the scholarship chairperson.

1. Name: _____

E-mail address: _____

Phone number: _____ Relationship: _____

2. Name: _____

E-mail address: _____

Phone number: _____ Relationship: _____

3. Name: _____

E-mail address: _____

Phone number: _____ Relationship: _____

On a separate sheet of paper, write a short essay about your chosen profession in healthcare, including the reason for your choice, and return it with this application. Please also include a photo of yourself. All items, including this completed application, official documentation of enrollment status, transcripts from all colleges attended to the present time, essay, references and OFFICIAL transcript, must be postmarked no later than Friday, May 3, 2019. Mail to Rusty Downey, Scholarship Chairperson, 27669 Fort Toulouse Court, Daphne, AL 36526. Questions? E-mail rustydowney48@att.net or call 251-279-1686.