

SCHOLARSHIP APPLICATION INSTRUCTIONS
AND POLICIES FOR THE
MARY HOWDEN GIBSON AND LOIS GADDIS HAMILTON
MEMORIAL SCHOLARSHIP FUND

The Scholarship Fund is to be used for any student pursuing a degree in the medical field.

The scholarship is sponsored by the Candler Hospital Auxiliary, a part of St. Joseph's/Candler.

The decision of the Auxiliary Scholarship Committee will be final.

The amount of the fund to be used by the student for tuition costs will be determined by the Executive Board of the Auxiliary. Checks will be issued to institution, not the individual. Any unused scholarship payments will be refundable to the Auxiliary and will at no time be refundable to a scholarship recipient.

To qualify a student must be accepted into a medical field and planning to attend one of the following Chatham County institutes of higher education: Armstrong Atlantic State University, South University, or Savannah Technical Institute.

As part of your application, please submit:

1. Applicant's financial need and desire to pursue a career in a field of allied health/ medicine.
2. Official proof of acceptance into a medical program by **one of the** recognized institutions.
3. Three letters of recommendation, from teachers, counselor, employer, supervisor, or clergy.
4. A grade point average of 3.0 or higher, must be maintained with written proof of this scholastic recipient.
5. An official college transcript and available aptitude and achievement tests,
6. Completed application form with the letters of reference, college transcript and official proof of acceptance must be received by the Chairman, not later than March 31st.

Letters of acceptance or regrets will be sent to all applicants.

Send to: Candler Hospital Auxiliary
Elizabeth Ann Foran
Auxiliary Scholarship Chairman
5353 Reynolds St.
Savannah, GA31405

MARY HOWDEN GIBSON AND LOIS GADDIS HAMILTON
MEMORIAL SCHOLARSHIP FUND
CANDLER HOSPITAL AUXILIARY

1. NAME _____ PHONE NUMBER _____
Last First Middle

2. Permanent Home Address _____
Street County

City State Zip Code

3. Date of Birth _____ 4. Place of Birth _____

5. Male () Female ()

6. Social Security Number _____

7. If married, name of spouse _____

8. Present Address _____

9. Present Occupation _____

10. Number of dependents _____ Children's ages _____ Other _____

11. Do you have any family or other responsibilities that might interrupt or interfere
with your school program? _____

12. What are your plans for meeting the necessary expenses of the program? _____

13. Have you been approved for any other form of financial assistance? _____

If yes, please explain: _____

14. Father's name in full _____

15. Living Yes () No ()

16. Present Address _____

17. Present Occupation _____

18.Mother's name in full _____

19.Living Yes () No ()

20.Present Address _____

21.Present Occupation _____

22.If you now live with someone other than parents or spouse give name and address:

23.List high schools, preparatory schools and colleges that you attended:

Name of school	City & State	Date of Entrance	Date of Leaving
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24.Have you taken the college entrance exam yet? Yes () No ()

25.List honors that you have earned in school or community: _____

26.Give the names and addresses of two adults, not relatives, who know you and who can give information about you. For example, you may include a recent teacher, counselor, or employer.

1. _____

2. _____

27.Name of the school you plan to attend _____

28.When do you plan to enter this school? _____

29.Course of study _____

30.Estimated length of time required to complete _____

31.What is your ultimate goal? _____

32. Please complete the following: (attach an additional page if needed)

A. Reason for selecting this career:

B. Work experiences (volunteer work to be included):

C. Reasons for planning to enter this school:

D. Other statements that would indicate attitude and interest in this career:

E. Why are you applying for this scholarship?

CANDLER HOSPITAL AUXILIARY
SCHOLARSHIP AGREEMENT

It is agreed that:

1. THE DECISION OF THE SCHOLARSHIP COMMITTEE IS FINAL.
2. IF REQUESTED, FURTHER PERSONAL AND/OR FINANCIAL INFORMATION WILL BE PROVIDED TO THE COMMITTEE.
3. SCHOLARSHIP FUNDING IS TO DEFRAY COST OF ALL OR PART OF TUITION AND IS TO BE PAID TO THE INSTITUTION, NOT THE INDIVIDUAL.
4. IN THE EVENT STUDENT CEASES COURSE OF STUDY IN RELATED HEALTH FIELD, SCHOLARSHIP FUNDING WILL NO LONGER APPLY.

I have read and clearly understand the above agreement.

This, the _____ day of _____ 20_____

Witness: _____ Student _____