



Council on Volunteer Services

Georgia Health Care

**ELIZABETH WILMOT BULL SCHOLARSHIP
CHECK LIST**

Name of applicant: _____

- _____ 1. Completed and signed application
- _____ 2. Acceptance letter from medically related program (if not already enrolled)
- _____ 3. Transcript from medically related program or school
- _____ 4. Cumulative grade point average of at least 3.0
- _____ 5. Required number of recommendations:

Scholarship Chairman (or President) of sponsoring hospital Auxiliary

Two letters of reference from school counselor, teachers or job supervisor, etc.

- _____ 6. Personal narrative profile written by applicant
- _____ 7. Signed Scholarship Agreement

Comments:

Signed: _____ Date: _____
President/Scholarship Chair