



## Council on Volunteer Services

### Georgia Health Care

### Jean Cory Youth Scholarship Application

#### **FOLLOW DIRECTIONS PRECISELY**

**Please print or type. All blanks must be completed. Use N/A when not applicable and explain why. Blank spaces will disqualify the application. \*\*Do not reproduce as double-sided. Single-sided only.**

#### **Personal Information**

1. Full Name: \_\_\_\_\_
2. Social Security Number: \*xxx-xx-xxxx NOTE(\*) Will be required ONLY if you are chosen as a scholarship recipient  
Date of Birth: \_\_\_\_\_
3. Present street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

#### **Education Information**

1. Name of high school that you currently attend: \_\_\_\_\_
2. High school address: \_\_\_\_\_
3. What is your current academic grade level? \_\_\_\_\_
4. What is your cumulative grade point average? \_\_\_\_\_
5. What school do you plan to attend in the fall? \_\_\_\_\_

**Mailing address and telephone number of the Financial Aid Office** of the school where you have been accepted. (Please Verify this information to avoid payment delay.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List honors, academic or otherwise that you have received. Please give dates that you received these honors.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Occupational Information**

1. In what health or science related fields or activities have you been involved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what volunteer activities have you participated? (both medical and non-medical)

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3. Do you currently have a job? Please list where you are employed, your job description, and whether you are working part-time or full-time.

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**Confidential Information**

1. How much of your college expenses will you/your parents be responsible to pay?

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2. How many siblings do you have and what are their ages?

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3. List all scholarships you will receive and their amounts.

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4. List any loans you will receive and their amounts.

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5. List any stipends you will receive and their amounts.

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I the undersigned, declare that the information reported herein is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOLARSHIP AGREEMENT**

**It is agreed that:**

1. The decision of the Scholarship Committee's award is final.
2. Additional personal and/or financial information will be provided to the Committee if requested.
3. Scholarship funding is to defray cost of all or part of tuition and fees and is paid to a **Georgia School** of your choice.
4. In the event that a student ceases the course of study in a related medical field, scholarship funding will no longer apply.

**I have read and clearly understand the above agreement.**

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print

**Witness:** \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print

**Parent/Guardian (if applicant is a minor):** \_\_\_\_\_

**As part of the application process, please submit:**

1. At least two (2) letters of reference from a teacher, a counselor, a supervisor, or a member of the clergy with current date, on appropriate letterhead stationery, **in a sealed envelope.**
2. A **single page (1)** narrative profile of yourself stressing factors relevant to your occupational choice and goals. Stress qualifications which you believe that you must pursue to complete your education in your chosen field.
3. An **official** high school transcript. **The transcript must be in a sealed envelope from the school.**
4. **Official proof** of acceptance from the educational institution that the applicant will attend.
5. A personal interview with a letter of recommendation from the sponsoring Volunteer Services' President or the Scholarship Chairperson/Committee. **This letter must be on hospital or Volunteer Services stationery and it must be signed and dated.**
6. The completed application form with letters of reference, personal profile, transcripts, proof of acceptance, and the interviewer's letter of recommendation **must be mailed to the Jean Cory Scholarship Chair and postmarked not later than April 10 of the year in which the application is submitted. Incomplete packages will be returned.**

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**NAME OF SPONSORING VOLUNTEER SERVICE**

\_\_\_\_\_  
**Signature of Volunteer President or Scholarship Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please "print" name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_