



Council on Volunteer Services

Georgia Health Care

JEAN CORY YOUTH SCHOLARSHIP CHECKLIST

(Please include with Scholarship Application)

Name of Applicant: _____

Hospital Name and District: _____

- _____ Completed and signed application
- _____ Acceptance Letter from Technical School, College/University located in Georgia.
- _____ Original High School Transcript (not a fax)
- _____ Two signed letters of recommendation on Letterhead from a teacher, pastor, or employer.
- _____ One-page, double spaced, narrative discussing why he/she has chosen a specific medical field.
- _____ A list of activities and honors if greater than line 6 allows.
- _____ GPA of 3.0 or above.
- _____ Student completed 15 hours of volunteer service in their local Hospital in this academic year.

Scholarship Chair/President's Comments:

Scholarship Chair/President's Signature _____ Date _____