



SINGING RIVER HEALTH SYSTEM

HOSPITAL AUXILIARY VOLUNTEERS' SCHOLARSHIP PROGRAM APPLICATION

We are very pleased that you have chosen to submit an application for a scholarship from the Singing River Health System Auxiliary Volunteers. **Applicants must be enrolled or planning to enroll in a medical field of study.** Applications will be reviewed and judged on completion, GPA, transcripts, and narratives.

Please provide **all information** requested and mail your application to:

Singing River Health System
Guest Relations Dept., Attn: Scholarship Committee
2809 Denny Ave.
Pascagoula, MS 39581

Applications will also be accepted in person at the Information Desk at Ocean Springs Hospital in Ocean Springs or Singing River Hospital in Pascagoula.

APPLICATIONS ARE DUE BY APRIL 1, 2019.

Please make sure you include the following with your application:

- _____ Official **certified and sealed** transcripts from your school
- _____ Publishable picture (3" X 5" approximate size)
- _____ Letter from the school where you have been accepted or proof of current enrollment.

Recipients of the scholarships will be notified by mail and phone in May, 2019. We thank you for applying and wish you all the best in pursuing your degree and a career in healthcare.

**SINGING RIVER HEALTH SYSTEM
HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION**

Application Information (Type or print clearly):

Full Name: _____ Age: _____

Address: _____

Telephone: _____ (home) _____ (cell)

Birth date: _____ SSN: _____

Are you employed by the Singing River Health System? (Y/N) _____ If yes, where? _____

Are you related to an employee of Singing River Health System? (Y/N) _____ If yes, what is the relationship and the name of the employee. _____

High School Attended: _____ Year Grad: _____

Awards:/Honors: _____

Are you attending a college/university at this time? (Y/N) _____ If yes, name of Institution: _____

_____ GPA: _____ Hrs completed: _____

If not currently attending, what college/university do you plan to attend? _____

_____ Field of study: _____

Date you expect to graduate: _____ Enrollment: Full-time _____ Part-time _____

Are you currently enrolled in or have you been accepted into a program in the medical field?(Y/N) _____

Name of school and program: _____

Other education:	Year(s) attended	Graduated/Degree?
_____	_____	_____
_____	_____	_____

(Use additional sheets to list other education if needed)

NOTE: YOU MUST ATTACH A SEALED CERTIFIED COPY OF YOUR MOST RECENT TRANSCRIPT(S) FROM YOUR HIGH SCHOOL AND / OR UNIVERSITY. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT TRANSCRIPTS ATTACHED.

Please list the following: (Use additional sheets if necessary):

Accomplishments: _____

Community activities/involvement: _____

Other Activities/Awards _____

Plans for the future: _____

Additional information that would help us to know you better: _____

I (We) certify that the information contained in this application is correct and complete. I (We) further agree to provide, if requested, any other official documentation necessary to verify information reported. I (We) also understand that the award of the scholarship is contingent upon registration of classes for the Fall term. In the event I (we) cannot attend the Fall term, I (we) will return all scholarship money.

Applicant's signature

And/or

Date

Parent's signature

Date