Sally M. Johnson Scholarship

Applications available:  Website: www.ncherokeeeauxiliary.com or http://nhcherokeeeauxiliary.com

Application Instructions
1. Responses are to be typed or printed legibly.

2. Submit the following no later than April 30, 2019
   - Mail a completed application or Scan completed application and email to address below
   - Two letters of recommendation
   - If applicable An OFFICIAL transcript from your current educational institution or
   - If applicable, a college acceptance letter for students entering a new program for the fall semester

   • Upon review of applicant credentials, the scholarship committee will conduct in person interviews for finalists on June 4, 2019
   • All applicants will be notified in writing of the status of their scholarship application by the committee no later than June 30, 2019
   • The awardee will receive a minimum of a $1,000 scholarship. The financial award will be paid directly to the college of your choice, if it meets the criteria as stated in the Northside Hospital Cherokee Auxiliary Scholarship Requirements.

Submit all documentation and questions either by mail or electronically:
Attn: Scholarship Committee Volunteer Services
Northside Hospital Cherokee Auxiliary
450 Northside Cherokee Blvd
Canton, GA 30115

Or nhcasmj@gmail.com  Scholarship Chairperson  Carole Alvaro
Requirements

Eligibility criteria for Northside Hospital Cherokee Auxiliary Scholarship:

1. Applicant must be pursuing a degree or certificate in the healthcare profession.
2. Applicant must have a minimum GPA of 3.0 if applicable
3. Applicant must submit an OFFICIAL college transcript if applicable
4. Applicant must be enrolled or submit OFFICIAL proof of acceptance (if not currently enrolled) in an accredited educational institution in the State of Georgia.
5. Applicant must indicate if they are one of the following
   - a resident of Cherokee County or
   - a volunteer or
   - a dependent of an employee of Northside Cherokee Hospital
6. Applicant must be
   - a citizen of the United States or
   - a permanent resident of the U.S. (proof of a permanent visa will be required at the time of the interview).
7. Scholarship awards will be based on the applicant’s:
   - Participation in Hospital and Community Activities
   - Scholastic Achievement
   - Character
   - Qualities of Leadership
   - Letters of Recommendation
8. Applicant must be available for an interview in June 4, 2019.
9. Applicant must grant written permission for name and photo to be published or applicant under 18 must provide signed parental/guardian consent.
10. The Scholarship Awardee is highly encouraged to attend the annual Northside Hospital Cherokee Auxiliary Luncheon during July 2019.
Sally M. Johnson Scholarship Application

PERSONAL INFORMATION:

1. Full Name ________________________________

2. Date of Birth ____________________________

3. Present Address ____________________________________________________________
   (Street)
   ________________________________________________________________
   (City Zip )

4. Permanent Address __________________________________________________________
   (Street)
   ________________________________________________________________
   (City Zip )

5. Home Phone ____________________________ Mobile Phone _________________________

6. Email: ________________________________

7. Marital Status ______ Military Service Yes ____ No ____ Branch ________________________

8. Dependents (age and relationship) ______________________________________________

9. Resident Status [ ] Citizen of U.S. [ ] Permanent resident

10. Have you been convicted of felony Yes____ No _____ If yes, please explain ____________________________________________

11. List of other scholarships received and amount ______________________________________

12. Declaration:
   
   • I am a resident of Cherokee County Yes____ No _____
   • I am a dependent of an employee of Northside Hospital Cherokee Yes____ No _____
   • I am an active volunteer at Northside Hospital Cherokee Yes____ No _____
   • I have been a volunteer at Northside Hospital Cherokee Yes____ No _____
EDUCATIONAL INFORMATION

1. Current academic level?  
   HS Senior _____  Undergraduate Year _____  Post Graduate _____

2. Currently enrolled in post High School Program?  
   Yes _____  No _____  
   If not, have you been accepted to a college program?  
   Yes _____  No _____

3. Cumulative grade point average? __________________________

4. Name and Address of Educational Institution enrolled in for fall semester
   __________________________
   Current or Projected Course of study? __________________________

5. Address of FINANCIAL AID OFFICE
   __________________________

6. Full Time _____ or Part-time __________________________  
   Expected graduation date __________________________

7. If part-time, specify what else you will be doing? (i.e.) employment
   __________________________

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<tr>
<th>EDUCATIONAL HISTORY</th>
<th>NAME of Educational Institution LOCATION</th>
<th>MAJOR</th>
<th>DATES ENROLLED</th>
<th>DEGREE OBTAINED</th>
<th>GPA</th>
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<tbody>
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<td>High School</td>
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<td>Community College</td>
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<td>Advanced Degree</td>
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**EMPLOYMENT HISTORY** List your last three jobs beginning with the most recent:

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<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Position</th>
<th>Annual or Hourly Salary</th>
<th>Reason for Leaving</th>
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**PERSONAL ACCOMPLISHMENTS**

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<tr>
<th>VOLUNTEER ORGANIZATION</th>
<th>DESCRIBE RESPONSIBILITIES</th>
<th>LOCATION</th>
<th>DATES/ FREQUENCY</th>
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SHARE YOUR REASONS FOR BEING IN THE HEALTHCARE PROFESSION

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DESCRIBE YOUR FUTURE PROFESSIONAL GOALS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DESCRIBE HOW YOU HAVE DEMONSTRATED LEADERSHIP

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

LIST HONORS AWARDS/ACCOMPLISHMENTS in the COMMUNITY

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
THREE LETTERS OF RECOMMENDATION:
Provide Written Recommendations from two individuals who know you well and can address your
• Participation in Hospital and Community Activities  • Scholastic Achievement
• Character  • Qualities of Leadership

We require a Science Teacher, and two additional recommendations from the following:
   Employer  or  Community Leader, Mentor or Spiritual Leader
List their names, address, email address, cell or work telephone numbers, and the relationship of each to the applicant.

1. Name: 

Relationship to You 

Position/Title: 

________________________________________  __________________________________________

Address  City  State  Zip Code

Email: ________________________________  Work/Cell #: ____________________________

2. Name: 

Relationship to You 

Position/Title: 

________________________________________  __________________________________________

Address  City  State  Zip Code

Email: ________________________________  Work/Cell #: ____________________________

3. Name: 

Relationship to You 

Position/Title: 

________________________________________  __________________________________________

Address  City  State  Zip Code

Email: ________________________________  Work/Cell #: ____________________________
I understand that a minimum of a $1,000 scholarship will be paid directly to the financial aid office of the educational institution if it meets the criteria as stated in the Northside Hospital Cherokee Auxiliary Scholarship Requirements.

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize Northside Hospital Cherokee Auxiliary or its designee to investigate the foregoing and any additional personal and or financial information, which may assist them in determining qualifications for the scholarship.

I release the Northside Hospital Cherokee Auxiliary from any liability or damage, which may result from such investigation. I understand that if anything contained in this application is found to be untrue, consideration for this scholarship will be revoked. I also understand that the decision of the scholarship committee is final.

If a finalist, I agree to interview on Tuesday, June 4, 2019

I agree to attend the Northside Cherokee Hospital Auxiliary Luncheon in July.

I agree to having my photo taken and published on behalf of the Northside Cherokee Hospital Auxiliary.

I have read, clearly understand, and agree to the above agreement

________________________  __________________________
Signature of Scholarship Applicant  Date