Sally M. Johnson $1000 Scholarship

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

2. Submit the following no later than April 15, 2018
   - Mail a completed application or Scan completed application and email to address below
   - Three letters of recommendation
   - An OFFICAL transcript from your current educational institution
   - 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 in June 2018
   • All applicants will be notified in writing of the status of their scholarship application by the committee no later than June 30, 2018
   • The awardee will receive a minimum of a $1,000 scholarship. The financial award will be paid directly to the college of your choice, as long as it meets the criteria as stated in the Northside Hospital Cherokee Auxiliary Scholarship Requirements.

Applications available:  Website: www.ncherokeeauxiliary.com or http://nhcherokeeauxiliary.com

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 nhcasm@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**
3. Applicant must submit an **OFFICIAL** high school and/or college **transcript**
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** at Northside Cherokee Hospital or
   - **employed** at Northside Cherokee Hospital 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 School and Community Activities
   - Scholastic Achievement
   - Character
   - Qualities of Leadership
   - Letters of Recommendation
8. Applicant must be available for an interview in June 2018.
9. Applicant must Grant written permission for name and photo to be published or applicant under 18 must provide signed parental/guardian consent.

The Scholarship Awardee are highly encouraged to attend the annual Northside Hospital Cherokee Auxiliary Luncheon in July 2018.
2018 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 scholarships applied for and amount ____________________________

12. List scholarships received and amount ____________________________

12. Declaration:

- I am a resident of Cherokee County  Yes ____ No ____
- I am employed at Northside Hospital Cherokee  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? (ie) employment  

8. College or University ID number  

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<tr>
<th>EDUCATIONAL HISTORY</th>
<th>NAME LOCATION</th>
<th>MAJOR</th>
<th>DATES ENROLLED</th>
<th>DEGREE OBTAINED</th>
<th>GPA</th>
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## Employment History

List your last three jobs beginning with the most recent:

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<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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<th>Volunteer Organization</th>
<th>Describe Responsibilities</th>
<th>Location</th>
<th>Dates/Frequency</th>
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## List Honors Awards/Accomplishments in School or Community

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-
SHARE YOUR REASONS FOR SELECTING A HEALTHCARE PROFESSION

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DESCRIBE YOUR FUTURE PROFESSIONAL GOALS

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DESCRIBE HOW YOU HAVE DEMONSTRATED LEADERSHIP

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DESCRIBE BRIEFLY YOUR SENIOR PROJECT and WHY YOU CHOSE IT

________________________________________________________________________

________________________________________________________________________

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

We require a Science Teacher, and two additional recommendations from the following:
Employer or Coach or Mentor or Spiritual Leader or Administrator or Counselor

List their names, address, email address, cell or work telephone numbers, and the relationship of each to the applicant.

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I understand that a minimum of a $1,000 scholarship will paid directly to the financial aid office of the educational institution as long as 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.

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

** If applicant is under the age of 18, a parent or guardian must sign on their behalf

__________________________________________  _________________
Signature of Applicant’s Parent/Guardian  Date