FOR THE ACADEMIC YEAR FALL 2017-SUMMER 2018

Criteria For Healthcare-Related Scholarship Applicants:

Academic: Must be presently enrolled in college and have completed at least 2 semesters (freshman year) with a 3.0 or better overall grade point. Consideration for our Scholarship is based on grades and financial need.

Personal:

1. No academic or social probations.
2. No criminal record which would interfere with obtaining a licensure.
3. Scholarships are issued for one year of academic study. Past recipients must reapply each year.
4. Applicants must be of high moral character, must be about to complete at least your Freshman year in an undergraduate program of healthcare-related studies in an accredited college within the state of Alabama and must have at least two (2) semesters of college remaining.

In addition to an application, the following paperwork must be submitted in order to be considered for a scholarship:

1. A short typed essay to give the Scholarship Committee some insight about you personally and why you are applying for this scholarship.
2. Faculty letter of recommendation on school letterhead with an original signature. This letter should be from an instructor you have had during the past two semesters in a course directly related to your major.
3. Letter from Financial Aid Office which must address yearly tuition and fees as well as any scholarships, grants and loans already received or due to be received by the student.
4. Personal letter of recommendation from one other individual. This reference may be from place of employment, church, or any other organization (excludes relatives) - letterhead preferred and original signature required.
5. Official transcript from current college showing final grades after completion of the Spring 2017 semester. No “in progress” transcripts or ones printed by students will be accepted.

Please fill out the application completely and make certain it is accurate and neat. It is the applicant’s responsibility to check with our office to make sure all the required paperwork has arrived by close of business on May 25, 2017. Please collect all items and turn in as ONE complete package. The only exception is that transcripts may be mailed directly from your school. No late or incomplete applications will be considered. Recipients will be notified of their scholarship amount by mail and payment will be made directly to the Financial Aid Office of the recipient’s school. These funds may be applied only towards the cost of tuition, fees and books.
Brookwood Medical Auxiliary, Inc.  
2010 Brookwood Medical Center Drive  
ACC Suite 405  
Birmingham, Alabama 35209  
(205) 877-5140

Application Form for Healthcare-Related Scholarship

ACADEMIC YEAR FALL 2017-SUMMER 2018

NAME:_____________________________________________

PERMANENT ADDRESS:__________________________________________

(Street)

(City) (State) (Zip Code)

EMAIL ADDRESS:_________________________________________________

PHONE NUMBER:__________________________________________________

EDUCATION:  (List name of schools and dates attended)

High School_________________________From_____To______GPA_____

GED Equivalency_______________________From_____To______GPA_____

College_______________________________From_____To______GPA_____

College_______________________________From_____To______GPA_____

Nursing School________________________From_____To______GPA_____

Other_______________________________From_____To______GPA_____

How were you referred for this scholarship application: ______________________

ARE YOU EMPLOYED?_______ IF SO, WHERE?_________________________

NAME OF EMPLOYMENT SUPERVISOR:_____________________________
List any jobs and/or volunteer work in the medical field you have held:

__________________________________________________________

Please list **ALL** scholarships, grants, and any other financial assistance you will/might receive for next year:

__________________________________________________________ Amount $________________

__________________________________________________________ Amount $________________

__________________________________________________________ Amount $________________

__________________________________________________________ Amount $________________

__________________________________________________________ Amount $________________

Signature: ____________________________________________ Date: __________________

REV. 1/17

Also, we ask that you please attach a recent photo. This could be a copy of your student ID, your Driver’s License or your passport.

**Note:** Please refer to Criteria for Scholarship Applicants. Application, official transcript from college currently attending, essay and letters of recommendation must be received by **May 25th** to be considered for a scholarship.