

Dear Guidance Counselor:

Please find enclosed scholarship applications for students pursuing a degree in a medical profession at a college, university, or technical school. Please feel free to make copies and distribute them to any students that meet the requirements. Each scholarship has different requirements and policies. A student may apply for as many scholarships as he/she chooses. Make sure that all required information is included with the application before submitting it/them to the Auxiliary Committee.

The scholarships that are available this 2025-2026 school term are as follows:

Archbold Memorial Hospital Auxiliary Scholarship (local)

All scholarships are paid directly to the institution of higher learning where the scholarship recipient has been accepted. There is no limited number for students applying for the Archbold Memorial Hospital Auxiliary Scholarship and the student may attend any institution of his/her choice. Please make the students aware of these requirements and encourage each student applying to do his/her best in each area.

The deadline for submitting all applications is **02-21-25**. No applications will be accepted after the deadline.

Completed applications can be left at the Information Desk at the hospital or mailed to the address below.

Archbold Auxiliary  
Scholarship Committee  
Archbold Hospital  
P.O.Box 1018  
Thomasville, GA 31799

Thank you for your assistance in making this information available to interested students. If you have questions please contact me.

Sincerely,

Sue Stephenson,  
Scholarship Chair  
229-225-2481  
sstephenson1968@gmail.com

## **COVER SHEET TO APPLICATION FOR SCHOLARSHIP**

This is a scholarship application only. Determination of scholarship recipients is made solely by the Scholarship Committee. The decisions are determined by the recipient meeting all of the criteria and are final.

### **PLEASE READ VERY CAREFULLY**

Please print or type.

Answer every question on the application. Use N/A if a question does not apply to you. Blank spaces will disqualify applications.

DO NOT ATTACH A RESUME

Application must be legible, complete, and must be hand signed, (cursive signature) by applicant.

A signed official acceptance letter from college/school, on official school letterhead, must be included.

Official transcript of grades from the school(s) you are attending.

Three letters of reference, which must be signed, by the individuals giving information. You may use only one current/former teacher as a reference. The other two must come from outside of your school.

Please attach a one-page typed, double spaced narrative. It must contain your signature (cursive signature). The narrative should explain your reason(s) for selecting a medical related career and other information that would indicate attitude and interest in your chosen career and why you are applying for our scholarship.

It is MANDATORY that all areas and all requested forms be completed and attached when received by the Auxiliary.

Please do not reproduce as a double-sided form — single sided only.

This Committee accepts only hand written (cursive) signatures, not typed.

ALL APPLICATIONS MUST BE RECEIVED BY **02-21-25**.

**ARCHBOLD AUXILIARY**

**APPLICATION FOR SCHOLARSHIP**

**PERSONAL INFORMATION: PLEASE PRINT OR TYPE**

Full Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male ( ) Female ( ) Phone Number (where you can be contacted) \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Home Address (If Different):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Names:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

Where are you currently attending school? \_\_\_\_\_

Have you taken a college entrance exam? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, which one and what was your score? \_\_\_\_\_

What are your professional goals? \_\_\_\_\_

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What is your chosen course of study? \_\_\_\_\_

What is your cumulative grade point average? (Weighted) \_\_\_\_\_

What college/school do you plan to attend?  
\_\_\_\_\_

When do you plan to enter school? \_\_\_\_\_

Please list honors, academic or otherwise, that you have received:

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OCCUPATIONAL INFORMATION:

What health or science related fields or activities have you been involved in?

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Please list all other volunteer work or activities that you have been involved in:

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List all jobs you have held (date, employer, and type of work) and indicate whether full or part-time.

EMPLOYER	DATES	DUTIES
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Give the names and addresses of three adult references, not relatives, who know you and who can give information about you. For example, they may include a teacher or counselor, minister, or employer. You may use only one current teacher/counselor as a reference; the other two must come from outside of your school.

NAME	COMPLETE ADDRESS	PHONE#/POSITION
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CERTIFICATION:

I declare that the information reported is true, correct, and complete.

Signature

Date

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CHECK LIST

NOTE: In order to be considered as an applicant these criteria MUST be met.

Answer every question on the application Use N/A if a question does not apply to you.

Do not attach a resume

Applications must be legible, complete, and hand signed (signature) by applicant.

A signed acceptance letter from college/school, on official school letterhead must be included.

Official transcript of grades from school(s) you are attending.

Three letters of reference which must be signed by individuals giving information.

**DO NOT REPRODUCE THIS APPLICATION AS DOUBLE-SIDED - USE SINGLE SIDED ONLY.**