

SGHS Volunteer Services Scholarship Application 2024

1. Applicants must:
 - a. be a permanent resident of Glynn, Camden, McIntosh or Brantley counties in Georgia.
 - b. must have served a minimum of 20 volunteer hours through our teen volunteer program.
 - c. have been accepted as a full-time student at any accredited technical school, college or university with the intention of attaining a degree in the healthcare field.
 - d. must be a graduating high school senior
 - e. complete an application.
 - f. submit three letters of recommendation.
 - g. in essay format (600 – 1,000 words) tell us why you should be selected to receive this scholarship, including why you have selected this career path and what steps you plan to take to achieve your career goals.
2. Applicants will be evaluated based upon a number of factors including academic records, extracurricular activities, leadership qualities, community service recommendations, and the applicant's essay.
3. Dependents of Scholarship Committee members may not apply.
4. Scholarships will be awarded based upon the Blind Application and Selection Guidelines of the Scholarship Committee.
5. Scholarship recipient will be granted an award of up to \$1,000 to meet normal educational expenses.
6. Completed application packets must be postmarked or received at the address at the bottom of this form by **March 1, 2024**. Applications received after this date will not be considered. Recipients will be announced in May 2024. Funds will be disbursed directly to the applicant's institution. Any scholarship funds unused or unclaimed by December 31, 2024 will return to the scholarship fund.

Scholarship Application Checklist

Completed application packets must include the following:

- Scholarship Application Form A
- Scholarship Application Form B
- Three letters of recommendation from responsible adults (other than your family members) who are in a position to make statements about your qualifications for this award. Please list their names, addresses, and occupations below. Include at least one faculty member or guidance counselor at your school.

1. _____

2. _____

3. _____

- An official transcript from the high school(s) you attended.

If the application packet is **not** completed when it is submitted, it will be disposed of without consideration. Please be sure your application packet is complete when you submit it.

Please submit your completed application by March 1, 2024 to: Southeast Georgia Health System, Attn: Volunteer Services, 2415 Parkwood Drive, Brunswick, GA 31520 or 2000 Dan Proctor Drive, St. Marys, GA 31558. For additional information, contact Southeast Georgia Health System Volunteer Services at (912) 466-1071.



SGHS Volunteer Services Scholarship Application Form A

In accordance with the Blind Application and Selection Guidelines of the Southeast Georgia Health System Volunteer Services Scholarship, the personal information contained in Form A of the application form will remain with the Scholarship Administration Committee and not be made available to the Scholarship Selection Committee.

Full Name: _____
Last First Middle Initial

Address: _____
Street

_____ City State Zip County

Phone: _____ Cell Phone: _____

Email: _____

Name of Parent(s) or Guardian(s): _____

I have read the enclosed scholarship guidelines and ask that I be considered for an award with full understanding of the conditions. Also, I give my permission for release of information necessary to determine my qualifications for this award. I understand that evaluations will be kept confidential and I waive any right of access to them.

Applicants Signature: _____ Date: _____

I have read the enclosed scholarship guidelines and give my permission for the minor listed above to be considered for this scholarship.

Parent or Guardian Signature: _____ Date: _____



SGHS Volunteer Services Scholarship Application Form B

The Scholarship Administration Committee, prior to review by the Scholarship Selection Committee, will delete all information from this form that identifies the applicant. In accordance with the Blind Application and Selection Guidelines of this scholarship, please do not include personal information here that would identify you. Please thoroughly complete the eight sections below.

1. Circle one for each of the following:

I am a resident of the following county: Brantley Camden Glynn McIntosh

My gender is: Male Female

I will live: On campus With my parents In my own household

2. Complete the following about the school or college you plan to attend:

Name of institution:

Address: _____

Anticipated Course of Study:

Expected Graduation Date:

Anticipated Career: _____

3. High School Academic History

Institution

Dates Attended

GPA

4. Academic Record

List any academic recognitions and honors you have received.

5. Extracurricular Activities

List each one, including clubs, sports, academic teams, student government, etc. and describe your participation (number of years and involvement).

6. Leadership Record

Provide information on the leadership positions you have held during the past four (4) years. Include positions in your school and your community, and your length of service. Describe the contribution you made while serving as a leader of the organization. Place particular emphasis on any new activities you initiated.

7. Community Service

Outline your involvement in community activities. Give the name of the groups to which you belong including the teen volunteer program at Southeast Georgia Health System, scouting, civic or religious organizations. *You must have completed a minimum of 20 hours of volunteer service through the teen volunteer program at Southeast Georgia Health System to apply for this scholarship.*

8. In essay format (600 – 1,000 words) tell us why you should be selected to receive this scholarship, including why you have selected this career path and what steps you plan to take to achieve your career goals.
