Guidelines for Receiving a Share Health Southeast Georgia Scholarship

**The Share Health Southeast Georgia Scholarship Fund** was created to provide annual scholarships to graduating seniors from high schools and homeschools in the 16-county region of the Southeast Health District who show an interest in pursuing a career in healthcare. The following criteria will apply:

1. Plan to study public health/healthcare in their university or college work.
2. Maintain good grades.
3. Be involved in extracurricular activities, especially those activities involved in health, within the school and/or within the community.
4. Attend a college or university which is classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
5. Complete an application form and include a one-page essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate.
6. Submit two letters of reference.
7. Demonstrate financial need. FAFSA is available to complete now. The SAR report is required and can be received within 48 hours of completing the FAFSA.

Please note: Incomplete applications will not be reviewed.

An Advisory committee will select the scholarship winner which will be subject to the approval of the Board of Directors of Share Health Southeast Georgia. *No member of the Advisory Committee, or his or her immediate family, shall be eligible for scholarship assistance during his or her tenure on the Advisory Committee.*

Share Health Southeast Georgia shall notify the chosen scholarship recipient(s) of its decision. The scholarship payment will be made after Share Health Southeast Georgia’s June Board Meeting, and after the selected student notifies Share Health about his/her acceptance of the scholarships and verifies the school he/she will be attending. All scholarship checks are made payable to the university or technical school for the student.

 3. Finally, please submit you

Share Health Southeast Georgia

Scholarship Application

**Applicant Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apt # City/State Zip

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_

 Home # Work # Cell # M/D/YR

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School History**

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Graduation Date \_\_\_\_\_\_\_\_\_\_\_

Class Rank \_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Score \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ ACT Score \_\_\_\_\_\_\_\_

 Critical Reading Math Writing

**School Activities**

Please indicate the organizations in which you are/were an active member. Check all that apply.

 □ National Honor Society □ Beta Club □ Student Council □ Class Officer □ School Newspaper □ Yearbook □ Debate □ Key Club □ Band/Orchestra/Chorus □ Drama □ Sports □ HOSA □ Other \_\_\_\_\_\_\_\_\_\_

**Community Service**

Please indicate the community service activities in which you have been active. Check all that apply.

□ Community Improvement □ Boy/Girl Scouts □ Ethnic/Cultural Org. □ Health/Safety Group □ Peer Counseling □ Tutoring □ Performing Arts □ Recreation Project □ Other \_\_\_\_\_\_\_\_\_\_\_\_

**Honors/Awards**

List any honors, awards, or other special recognition you have received for school or community service activities.

 *Name of Award* *Date Received*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Goals**

College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of Study: □ Education □ Nursing □ Pre-Med/Law □ Business □ Pre-engineering □ Biology □ Pre-Allied Health □ Other \_\_\_\_\_\_\_\_\_\_\_\_

What are your career goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you want to be employed in healthcare after graduating with your degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intended Enrollment Status:** □ Full-time – 12 or more credit hours

□ Half-time – 6 – 8 credit hours □ Three-quarter – 9-11 credit hours

Indicate other types of aid you have applied for and/or are receiving:

 □ Pell □ Hope □ Other Scholarship/Private Funding \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Self employed by (if seeking preference for children of employees of Southeast Health District):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent's name(s) Employer

The following items must be received in order to be eligible for a scholarship:

* The application
* An essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate
* Official school transcript
* Two letters of recommendation
* A copy of the Student Aid Report (SAR)

**Applications and supporting documents must be postmarked by March 01, 2021 (deadline).**

**Applications received after the deadline or incomplete applications will not be considered.**

**Questions or Comments?**

Get in touch with us at:

Share Health Southeast Georgia

P.O. Box 1718

Waycross, GA 31502

www.sharehealthsega.org

email: info@sharehealthsega.org