



## HOUSTON HEALTHCARE

Perry High School  
1307 North Avenue, #2614  
Perry, GA 31069

Attached is the application for the Perry Hospital Auxiliary/Audrey Cason Scholarship. The Auxiliary will be awarding a \$1,000 scholarship to one graduating Senior at **Perry High School**.

The student must plan to pursue a career in health care. A transcript of grades for his/her Junior and Senior years must be attached to the application along with three (3) letters of reference.

Completed application must be received by **March 18, 2024**, to qualify for consideration. You may mail or email your completed application package to:

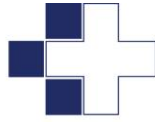
Mail: **Perry Hospital**  
**c/o Karen Simmons**  
**Administration**  
**Executive Secretary**  
**1120 Morningside Drive**  
**Perry, GA 31069**

Email: [Scholarships@hhc.org](mailto:Scholarships@hhc.org)

Please feel free to make additional copies of the application. If you have any questions, please feel free to contact the **Volunteer Services Office** for Houston Healthcare at **(478) 542-7753**.

Sincerely,

Perry Hospital Auxiliary



HOUSTON HEALTHCARE

SCHOLARSHIP APPLICATION

**Audrey Cason Scholarship**

**Perry Hospital Auxiliary**

Name: \_\_\_\_\_ Sex (circle one): M / F  
Last First M.I.

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's name in full: \_\_\_\_\_ Living?: \_\_\_\_\_

Present address: \_\_\_\_\_

Present occupation: \_\_\_\_\_

Mother's name in full: \_\_\_\_\_ Living?: \_\_\_\_\_

Present address: \_\_\_\_\_

Present occupation: \_\_\_\_\_

If you live with someone other than your parents, please fill in following:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Phone Number

**Schools Attended:**

Name	City/State	Dates	GPA
_____	_____	_____	_____
_____	_____	_____	_____

What courses did you study in high school toward a medical career?

\_\_\_\_\_

Have you taken the SAT? \_\_\_\_\_ Scores: \_\_\_\_\_

## Scholarship Application

What types of activities, clubs, and services have you participated in during your high school years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What awards or honors have you received? \_\_\_\_\_

\_\_\_\_\_

Give the names and addresses of three adults - not relatives - who know you and who can give information about you. *(You may include teachers, counselors, employers, ministers, etc...)*

<u>Name</u>	<u>Address &amp; Phone #</u>	<u>Position</u>
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1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Name of school you plan to attend: \_\_\_\_\_

Have you applied and been accepted? Y / N      If yes, start date: \_\_\_\_\_

Course of study: \_\_\_\_\_

Length of time to complete degree: \_\_\_\_\_

Do you anticipate any complications with family or other responsibilities that could interfere with your pursuit of this degree? Y / N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What is your ultimate goal? \_\_\_\_\_

\_\_\_\_\_

Please complete the following: *(Use additional sheet, if needed.)*

A. Reasons for selecting this career:

B. Work experiences (include volunteer work):

C. Reasons for entering chosen school:

D. Other statements that would indicate attitude and interests in this career:

E. Have you applied for other scholarships? If so, list scholarship name(s) and whether or not you have been selected.

### **STUDENT'S CERTIFICATION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **SCHOLARSHIP AGREEMENT**

It is agreed that:

1. The decision of the scholarship committee's award is final;
2. Further personal and/or financial information will be provided if the committee requires it;

3. Scholarship funding is to defray the cost of all or part of tuition and will be paid directly to the college;
4. In the event that the student ceases course study in related health field, scholarship funding will no longer apply;
5. Scholarship money will be sent to the college once a confirmation from the registrar's office of the course/class schedule is received.

I have read and clearly understand the above agreement:

Student Signature	Date	Witness
Parent/Guardian Signature	Date	Witness

Note:

- **Transcripts required** - Each applicant must assure that a transcript (for Junior and Senior Year) is included with package -or- mailed to the address below.
- **Letters of reference** - Applicant must also have three (3) letters of reference attached to the application.
- **Applications will not be accepted if any areas are incomplete.**
- **Deadline** – the receipt deadline for all information is **March 18, 2024, by 4pm.**

You may mail or email your completed application package to:

<p>Mail: <b>Perry Hospital Scholarship Committee</b>  <b>Attn: Karen Simmons</b>  <b>Administration</b>  <b>Executive Secretary</b>  <b>1120 Morningside Drive</b>  <b>Perry, GA 31069</b></p>	<p>Email: <b>Scholarships@hhc.org</b></p>
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Effective date: 1/26/24