



HOUSTON HEALTHCARE

Attached is an application for the Houston Medical Center Auxiliary/Virginia Wetherington scholarship. The Auxiliary will be awarding \$1,000 scholarships to selected Seniors attending one of the following schools: Houston County High School, Northside High School, Warner Robins High School, or Veterans 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 3 letters of reference.

Due to the uncertainty of when it will be deemed to be 'safe practice' to meet in person, it is most likely the interviews will take place via telecom methods.

Completed application must be received by **March 19, 2021** to qualify for consideration.

Houston Medical Center
HMC Scholarship Committee
c/o Volunteer Services
1601 Watson Boulevard
Warner Robins, GA 31093

Please feel free to make additional copies of the application. If you have any questions, please feel free to contact me.

Sincerely,

Jerry Cochran

Houston Medical Center Auxiliary
Scholarship Committee Chairperson
(478) 922-1979

HOUSTON MEDICAL CENTER
1601 Watson Boulevard
Warner Robins, Georgia 31093
(478) 922-4281

PERRY HOSPITAL
1120 Morningside Drive
Perry, Georgia 31069
(478) 987-3600

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 _____

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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 & 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? _____ To start when? _____

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? _____

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):

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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, indicate name and whether or not you have been selected.

STUDENT'S CERTIFICATION

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

Signature

Date

