



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, 2022**, to qualify for consideration. You may mail or email your completed application package to:

Mail: **Perry Hospital**
c/o Michelle Martin
Patient Relations Coordinator
1120 Morningside Drive
Perry, GA 31069

Email: 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 & Phone #</u>	<u>Position</u>
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, 2022, by 4pm.**

You may mail or email your completed application package to:

Mail: Perry Hospital Scholarship Committee Attn: Michelle Martin Patient Relations Coordinator 1120 Morningside Drive Perry, GA 31069	Email: Scholarships@hhc.org
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Effective date: 01/25/22