Council on Auxiliaries / Volunteers of the Georgia Hospital Association
Barbara K. Tumperi Scholarship

PURPOSE

The purpose of the Barbara K. Tumperi Scholarship is to make scholarships available to students residing in Georgia and who have been nominated by their local Hospital Auxiliary, who in turn belong to the Council on Auxiliaries / Volunteers of the Georgia Hospital Association.

DESCRIPTION

A $1,000 scholarship will be awarded. The student must be a high school senior or currently attending an accredited college or technical school in the health care field.

INSTRUCTIONS (Please read carefully)

Individuals who have been accepted to an accredited school or college will be considered and only full-time students in good standing will be funded. The applicant must provide the Scholarship Committee with the following information in order to be considered:

1. Official transcripts from high school(s) attended (including grades from the most recent quarter/semester). The school should mail the transcripts. However, if the transcripts are sent with the application, they should be in a separate sealed envelope from the school.

2. Verification letter sent by the school indicating acceptance into the program, date of acceptance (month and year) and the proposed date of graduation (month and year).

3. Completed and signed application.

4. Three (3) signed letters of references in a sealed envelope. References may be from high school teachers, college professors, and previous employers – but not from personal friends.

5. Personal letter of intent, focused on the area of intended study.

6. Deadline for all information requested is June 10th.

Martha Walker
EMH Gift Shop
706-988-2217
Scholarship awards will be based on the applicant’s:

- Scholastic records
- Character
- Qualities of leadership
- Participation in student and community activities
- Cooperation with school authorities

It is agreed that:

1. Scholarship funds will be paid to the school/college of your choice

As part of your application, please submit:

1. Profile of yourself, stressing factors relevant to your occupational choice.

2. An official high school and/or college transcript. Transcripts must be in a sealed envelope.

3. Completed application form with the letters of reference, personal profile, high school and/or college transcript and official proof of acceptance are to be sent to Barbara Tumperi by June 10th at the following address:

   Barbara Tumperi  
   103 Greenville Street  
   Newnan, Ga. 30263
Council on Auxiliaries / Volunteers of the Georgia Hospital Association
Barbara K. Tumperi Scholarship Application Form

Please print clearly or type. All blanks must be completed; use NA for not applicable.

Personal Information

1. Full Name ____________________________
2. Social Security Number ______________ Birthday ______________
3. Present Street Address ____________________________
   Street __________________________________________
   City __________ Zip __________ Telephone __________
   Previous Address ____________________________
   Street __________________________________________
   City __________ Zip __________ Telephone __________
4. Marital Status ____________________________
   Spouse's Name ____________________________
   Dependents (age & relationship) ____________________________

Educational Information

1. What is your professional goal? ____________________________
   ____________________________
   ____________________________
   What is your course of study? Present academic level?
   ____________________________
   ____________________________
   What is your cumulative grade point average?
   ____________________________
2. What school will you attend this fall? __________________________________________
   Full or part-time? ____________________________________________________________
   Expected graduation date? ____________________________________________________
   If part-time, specifically what else will you be doing? ____________________________

3. List in chronological order all schools attended beyond elementary school, addresses and
degrees or diplomas granted:
   Name          Address          Degree
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. What honors (academic or otherwise) have you received and when?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Occupational Information

1. In what health or science-related fields or activities have you been involved, for recreation,
as a volunteer, or as an employee?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. List all jobs you have held (dates, employer, and type of work) and indicate whether they
were full or part-time. Please include volunteer work.
   Name          Address          Type
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. If you are not currently in school, how have you been occupied since leaving school?
   __________________________________________________________
Confidential Information

1. Father’s Name
   Place of Employment
   Occupation & approximate income

2. Mother’s Name
   Place of Employment
   Occupation & approximate income

3. Number & ages of siblings
   How many in school?  How many in college?

4. Do you contribute to the support of any other person(s) or have other financial obligations?

Student’s Certification

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

Signature  Date

NAME OF SPONSORING AUXILIARY:  EMH

Signature of Auxiliary President or Scholarship Chairperson:  Martha Walker

Phone No:  706 213 0707  Date:  Jan, 2012

Home mailing address: