Elbert Memorial Hospital Auxiliary  
4 Medical Drive  
Elberton, GA 30635  
Scholarship Committee  

The EMH Auxiliary Scholarship  

The annual scholarship(s) is awarded to assist a recipient pursuing a health related educational program as a student in an accredited college, university or health related technical school. ECCHS seniors must apply directly to the ECCHS Scholarship Program. Adult applicants must be either Elbert County residents or employed full time at a health related facility in Elbert County. The EMH Scholarship funds are to be used for tuition, fees and books.  

Application forms will be reviewed by the Scholarship Committee and must include:  

1. Personal History – A one page written profile of applicant, stressing factors relevant to your occupational choice and goals.  

2. Official written acceptance by an accredited school.  

3. Official transcripts showing a minimum grade point average of 2.5 on a 4.0 scale, (when applicable).  

4 Two letters of recommendation sent directly to the Scholarship Chairman by the individual who writes the recommendations. Letters may be from high school teachers, college professors and previous employers – not personal friends.  


6. A personal interview with the Scholarship Committee.  

All correspondence (recommendations, transcripts and applications) should be mailed to:  

Elbert Memorial Hospital Auxiliary  
Attn: Scholarship Committee  
4 Medical Drive  
Elberton, GA 30635
ELBERT MEMORIAL HOSPITAL AUXILIARY

SCHOLARSHIP APPLICATION FORM

Please print or type. All blanks must be completed. Use NA for not applicable. Applications with unanswered questions will not be considered. Use separate sheet where necessary.

Full Name ____________________________________________

Present Address _______________________________________

City ___________________________ State ______________ Zip __________

Telephone #’s: Work ____________________________________ Home ______________________

Permanent Address ____________________________________

City ___________________________ State ______________ Zip __________

Spouse’s Name _________________________________________

Dependents (Age & Relationship) _________________________

State your professional goal (attach extra sheet if necessary)
What is your course of study? ________________________________

Present Academic Level? __________________________ GPA? __________

What school will you attend? ______________________________

Beginning date __________________________

Full or Part Time? __________________________ Graduation Date? ______________________

If part time, what else will you be doing? __________________________
List in chronological order all schools that you have attended since high school. List grade completed and degrees earned.

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<th>Name</th>
<th>City</th>
<th>Degree</th>
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In what health related fields or activities have you been involved for recreation, as a volunteer, or as an employee?

List all jobs you have held, (dates, employer and type of work) and indicate full-time or part-time.

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<th>Dates</th>
<th>Employer</th>
<th>Type of Work</th>
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If you are not currently in school, how have you been occupied since leaving school?

List community activities. (This may include civic, faith-based and other activities.)
(An attachment may be included for additional information.)
CONFIDENTIAL FINANCIAL INFORMATION

Do you have any other income sources?

Scholarships ____________________________ Amount ____________________________

Loans ____________________________ Amount ____________________________

Stipends ____________________________ Amount ____________________________

Other ____________________________ Amount ____________________________

To what year or school term would the scholarship be applied?

I DECLARE THAT THE INFORMATION REPORTED IS TRUE, CORRECT AND COMPLETE.

Signature ____________________________ Date ____________________________