



**Pickens County Medical Center
Volunteer Auxiliary**

Educational Assistance Scholarship Application

We are glad that you wish to have a career in health care. We hope that our
Pickens County Medical Center Volunteers can help you.

Please carefully fill out the following application.

Educational Assistance Scholarship Application

Name: _____ SSN: _____

Home Address: _____

School Address: _____

Home Phone: _____ School Phone: _____

Date of Birth: _____ Number of Dependents: _____

Name of Parent, Guardian or Spouse: _____

Their Occupation: _____

COMPLETE THE FOLLOWING INFORMATION ON YOUR EDUCATION:

Name of School	Location	# Years Attended	Graduated?	Dates Attended	Course/Major

Name of medical program you have been admitted to or applied for:

School: _____ Program: _____

Date Entering School: _____

Date Educational Assistance needs to begin: _____

Expected Date of Graduation: _____

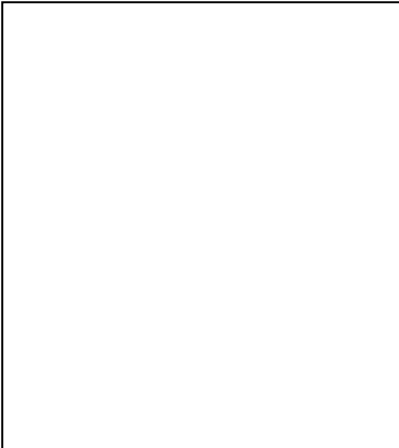
Please write a brief statement on your reason for wanting a career in health care.

Please write a brief statement on financial need. (**All** information is confidential to the scholarship committee.)

Signature: _____

Date: _____

Please attach a small picture here>



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Scholarship Requirements

1. The amount of the scholarship will be determined by the Auxiliary and will depend on funds available.
2. Recipient must be a Pickens County resident pursuing a health related career.
3. Applicants must make a personal application.
4. A transcript of high school grades must accompany the application.
5. Each applicant will be rated on a scale. Financial need and grades will be considered.
6. Applicant must have maintained a "C" average the previous school year.
7. Recipient must reapply annually.
8. Applicant must be accepted by an approved school of his or her choice.
9. Applicant must be recommended by two of the following:
 - (a) Pastor of his or her church.
 - (b) Principal of high school where applicant attended.
 - (c) Leading business citizen.
10. Upon completion of education, recipient will accept employment in Pickens County if needed.

Application for scholarship may be obtained from Pickens County Medical Center Gift Shop.

Completed application is to be mailed to:

**Pickens County Medical Center Auxiliary
P.O. Box 478
Carrollton, Alabama 35447**