

2020 Atrium Auxiliary Middletown Health Career Scholarship

ABOUT THE SCHOLARSHIP PROGRAM:

The members of the Atrium Auxiliary Middletown, through their dedication and hard work, raise the monies for this scholarship program which has benefited many area students enrolled in health career programs.

The scholarship program receives funds from the Auxiliary (Hilltop Gift Shop, the Auxiliary's Memorial Fund and special fundraisers.) Nearly \$825,000 in scholarships has been awarded since the program was established in 1972.

SELECTION CRITERIA:

The scholarship program is offered to students from the following groups who are enrolled in college or university for the 2020-21 school year in a health-related field:

- Atrium Health System employees or medical staff and their immediate families (dependents only please)
- Atrium adult and junior volunteers or their immediate families (dependents only please)
- Previous recipients of Auxiliary scholarships

To be considered, all of the following items must be received in the hospital's Volunteer Office by **4 p.m. Friday, March 27, 2020:**

- Completed application, filled out on a computer (handwritten application is not accepted)
- Most recent transcript of grades— **minimum GPA 3.0.** (Submit request to your school(s) early to ensure availability of transcript before the due date.)
- List of activities and awards and personal essay (details in #16 and #17 on the application form)
- Two letters of recommendation (details in #18 on the application form)

Criteria is based on academic achievement, financial need and responsibility, character, maturity, motivation and goals. The dollar value of the scholarships can be any amount up to \$2,500 maximum per year. A separate application is required for each year of a scholarship.

The Auxiliary Scholarship Committee will select the recipients. The student may attend the college or university of his/her choice. **Payment of awards only covers tuition, books or fees and will be made to the college or university.** No other expenses are eligible under this program and no payments will be made directly to the student.

If you need further information, please contact the Auxiliary at **(513) 974-5682**, this year's Scholarship co-chairs, Dee Markle at **(513) 360-7499** or Carole Schul at **(513) 422-9686**, AMCAuxiliary@AtriumMedCenter.org.

2020 Health Career Scholarship Application

Manner of presentation of responses and of the personal essay, as well as the content, will influence selection.

Please type your responses; handwritten applications are not accepted.

As an applicant, you are responsible for the completion of this form. In order for your application to be considered, your most recent transcript and this completed form with all required attachments must be received at the **Volunteer Services Office**, by **4:00 p.m. on Friday, March 27, 2020**. Mail or deliver applications to the **Auxiliary Scholarship Committee, Atrium Medical Center, One Medical Center Drive, Middletown, OH 45005**.

1. Last Name _____ First Name _____ Middle Initial _____

Age _____ Male Female

2. Permanent Home Address : Street _____

City _____ State _____ Zip _____ Phone _____

3. Cell phone _____ Email address _____

4. Family information:

• If living with parents/guardians:

– Number of brothers/sisters _____ How many in college? _____

– Parents' name(s) _____

– Occupation(s) _____

—OR—

• If living on your own:

– Number of dependents _____ How many, other than yourself, in college? _____

• If applicable:

– Spouse's name _____ Occupation _____

5. Are you an Atrium Health System: Employee? Volunteer? (junior volunteers must have 100 hours)

(Atrium Health System includes Atrium Medical Center and related business entities, such as Atrium Medical Center Pharmacy)

— Or are you —

An immediate relative of an AHS employee, medical staff or volunteer? Relationship _____

Previous Auxiliary scholarship recipient?

6. Family income: _____

7. Atrium Auxiliary Scholarships provide assistance in paying for tuition, books and fees. No other expenses are eligible under our program. **Payment will be made only to the college or university.** Estimate the total amount you will need for tuition, books and fees for the coming school year:

\$ _____ (These can be found at <http://www.collegecalc.org>)

8. Estimate dollar amount of help you will receive from:

- Parents/family: \$ _____
- Personal Savings: \$ _____
- Your employer: \$ _____
- Other scholarships: \$ _____
- Balance needed: \$ _____

9. List scholarships received or for which you have applied for the upcoming school year:

	Applied	Received	Amount
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

10. High School _____ Graduation Date _____

School Address: Street _____
City _____ State _____ Zip _____

11. Enrolled in _____ college/university.

12. Field of study _____
Degree expected _____ Date expected _____

13. Class standing for next year, starting fall 2020: Freshman Soph Junior Senior Grad Student

14. Student status for 2020-2021 school year: Full-time Part-time

15. List below your recent work experience (approx. last 4 years)

Employer	Type of Job	Dates	Rate of Pay

16. **List of significant community, high school or college activities and honors by class year.**

Please attach an additional 8 ½ x 11" sheet, identifying it with your name and Item #16.

17. **Personal Essay:** Essay should be approximately 350 words, well-developed and focused on your motivation for a health care career. Briefly state your long-term educational and professional goals and discuss your most challenging, exciting or enriching intellectual experience.

Please type your essay on 8 ½ x 11" paper and attach to this application, identifying it with your name and Item #17.

18. **Letters of Recommendation:** List the names and addresses of the two (2) persons who are writing your letters of recommendation. One must be an educator and/or direct supervisor; none may be a relative.

Each recommendation must be submitted in a sealed envelope with the writer's signature written across the flap. We prefer that letters be submitted along with your application.

Educator's Name _____

Address: Street _____

City _____ State _____ Zip _____

Other Name _____

Address: Street _____

City _____ State _____ Zip _____

Remember, all materials are due at the Volunteer Services Office by 4 p.m. Friday, March 27, 2020.

- 1) Completed typed application.
- 2) Most recent transcript of grades. (Submit request to your school(s) early to ensure availability of transcript before the due date.)
- 3) List of significant community or school community activities and honors. (#16)
- 4) Personal essay. (#17)
- 5) Two letters of recommendation, each in a sealed envelope with the writer's signature across the flap. (#18)

(Omission or late receipt of any of the above documents disqualifies the application.)

Please mark your calendar now, interviews will be **Friday, May 1, and Saturday, May 2, 2020.**

Award program will be held on **Monday, May 18, at 11 a.m.**