



301 Tyson Ave., Paris, TN 38242 – 731-642-1220

Henry County Medical Center Volunteer Auxiliary Scholarship (for graduating high school seniors of the current school year)

The Henry County Medical Center Volunteer Auxiliary offers three scholarships in the amount of \$2,000 each.

Eligibility for applying for this scholarship:

- Must be a legal resident of Henry County, TN
- Must be a graduating high school senior of the current school year
- Must intend to pursue a degree or certification in the medical field (excluding optometry, dentistry, and veterinary)

All scholarship applications will be reviewed by a committee of Auxiliary members. Finalists may be asked to appear for a personal interview. Recipients of the scholarship will be announced publicly at the Auxiliary’s May meeting (4th Wednesday). The money will be sent to an accredited college, university, or vocational school of the scholarship recipient’s choice (in the United States) after admittance and commitment has been verified.

The scholarship must be used by January 1 of the following year. Scholarship recipients who require an extension of this date must request this in writing to the Auxiliary Scholarship Committee. The Committee reserves the right to grant or deny this request.

HCMC Volunteer Auxiliary
Scholarship Committee

Return completed application to the Guidance Office at Henry County High School by

**HIC HENRY COUNTY
MIC MEDICAL CENTER**

Volunteer Auxiliary Scholarship Application

NAME _____ GENDER _____
ADDRESS _____
PHONE _____ EMAIL _____
DATE OF BIRTH _____

PARENT(S)' OR GUARDIAN(S)' NAME _____
ADDRESS _____
PHONE _____ EMAIL _____
OCCUPATION(S) _____

FAMILY'S ANNUAL INCOME _____

NUMBER AND AGES OF OTHER FAMILY MEMBERS IN HOUSEHOLD

<u>Number</u>	<u>Ages</u>
_____	_____

NAME AND ADDRESS OF SCHOOL YOU PLAN TO ATTEND
School _____

Major area of study or certification you plan to pursue

OTHER SCHOLARSHIPS RECEIVED

AMOUNT OF MONEY YOU EXPECT TO HAVE AVAILABLE FOR YOUR NEXT
YEAR/SEMESTER (Excluding scholarships) _____

ACT SCORE _____ CURRENT GRADE POINT AVERAGE (GPA) _____

CLASS RANKING _____

LIST THE FOLLOWING ON A SEPARATE SHEET:

- SCHOOL ACTIVITIES
- CLUBS AND/OR OFFICES HELD
- HONORS AND AWARDS
- WORK EXPERIENCE
- EXTRACURRICULAR COMMUNITY/CHURCH ACTIVITIES

INCLUDE:

- A COPY OF YOUR LATEST TRANSCRIPT
- A COPY OF YOUR ACT TEST SCORE
- AN ESSAY OF 300-350 WORDS ON: HEALTH RELATED EDUCATION – MY HOPES, DESIRES, PREPARATION AND NEEDS
- LIST BELOW NAMES AND PHONE NUMBERS OF THREE PEOPLE (EXCLUDING RELATIVES) WHOM YOU HAVE CONTACTED TO SERVE AS REFERENCES.
- AT LEAST TWO, BUT NO MORE THAN THREE, LETTERS OF REFERENCE FROM THE PERSONS LISTED

REFERENCES

	<u>Name</u>	<u>Phone</u>	<u>Relation to you</u> (EX.— minister, teacher, etc)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I AFFIRM THAT THE STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND GRANT MY PERMISSION FOR THE INFORMATION CONTAINED HEREIN TO BE SHARED WITH THE SCHOLARSHIP COMMITTEE AND THE HCMC VOLUNTEER AUXILIARY. I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION AUTHORIZES THE SCHOLARSHIP COMMITTEE TO CONTACT ANY SCHOOL, ORGANIZATION, OR PERSONS NAMED IN THIS APPLICATION REGARDING ANY INFORMATION PRESENTED HEREIN. I ALSO GIVE PERMISSION TO RELEASE MY NAME AND PICTURE TO THE AUXILIARY AND MEDIA FOR PUBLICITY PURPOSES.

Signature

Date

PRINT NAME CLEARLY

All applications must be signed. Incomplete applications will not be considered.

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