

SCHOLARSHIP RENEWAL APPLICATION REQUEST

Emory Johns Creek Hospital Auxiliary

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

School Attending: _____

Graduation Date: _____ GPA: _____

Professional Goal: _____

Are you attending school full time: _____ part time: _____

Please attach a brief summary of any changes and/or updates from original application that you would like us to consider with your renewal request. Also include date of original scholarship. **

Signed: _____ Date: _____

**As a part of this request, a letter must be attached to this application from the college department head, *on school letterhead*, stating program you are enrolled in, current GPA, and anticipated graduation date.