

**Scholarship Renewal Application**  
**Emory Johns Creek Hospital Auxiliary**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Degree: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Professional Goal: \_\_\_\_\_

Are you attending school full time? \_\_\_\_\_ Part time? \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please attach a letter to this application from your college or university department head, on school letterhead, stating the program you are enrolled in, current GPA and anticipated graduation date.