



Council on Volunteer Services
Georgia Health Care

JEAN CORY YOUTH SCHOLARSHIP CHECKLIST

(Please include with Scholarship Application)

Name of Applicant _____

Hospital Name and District _____

- _____ 1. Completed and signed application
- _____ 2. Acceptance letter from Technical School, College/University located in Georgia
- _____ 3. Original High School Transcript (not a fax)
- _____ 4. Cumulative grade point average of at least 3.0
- _____ 5. Two signed letters of recommendation on Letterhead from a teacher, pastor or employer.
- _____ 6. One-page, double-spaced, narrative discussing why he/she has chosen a specific medical field
- _____ 7. A list of activities and honors if greater than line 6 allows.
- _____ 8. Student completed **15 hours of volunteer service** in their local Hospital in this calendar year.

Scholarship Chair/President's Comments:

Signed: _____ Date: _____
President/Scholarship Chair