



Council on Volunteer Services
Georgia Health Care
(Please include with Scholarship Application)

ELIZABETH WILMOT BULL SCHOLARSHIP CHECKLIST

Name of Applicant _____

- _____ 1. Completed and signed application
- _____ 2. Acceptance letter from medically related program (if not already enrolled)
- _____ 3. Transcript from medically related program or school
- _____ 4. Cumulative grade point average of at least 3.0
- _____ 5. Required number of recommendations:

Scholarship Chairman (or President) of sponsoring hospital Volunteer Group

Two letters of reference from school counselor, teachers, job supervisors, etc.

- _____ 6. Personal narrative profile written by Applicant
- _____ 7. Signed Scholarship Agreement

Comments:

Signed: _____ Date: _____
President/Scholarship Chair