

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