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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 academic year.

Scholarship Chair/President’s Comments:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President/Scholarship Chair