



Council on Volunteer Services
Georgia Health Care

JEAN CORY YOUTH SCHOLARSHIP APPLICATION

FOLLOW DIRECTIONS PRECISELY.

Please print or type. ALL blanks must be completed. Use N/A when not applicable and explain why. Blank spaces will disqualify application.

DO NOT REPRODUCE AS DOUBLE-SIDED; USE SINGLE-SIDE ONLY.

PERSONAL INFORMATION

1. Full Name _____
2. Social Security Number* xxx-xx-xxxx NOTE (*) Will be required ONLY if you are chosen as a scholarship recipient.
3. Date of Birth _____
4. Present street address _____
City _____ State _____ Zip Code _____ Email _____
Home Telephone _____ Cell phone _____

EDUCATIONAL INFORMATION

1. Name of high school that you currently attend _____
2. High School address _____
3. What is your current academic grade level? _____
4. What is your current cumulative grade point average? _____
5. What school do you plan to attend this fall? _____

**Mailing address and telephone number of Financial Aid Office of the School where you have been accepted.
(PLEASE VERIFY TO AVOID PAYMENT DELAY)**

6. What honors (academic or otherwise) have you received and when: _____

OCCUPATIONAL INFORMATION

1. What health or science related fields or activities have you been involved?

2. In what volunteer activities have you participated (both medical and non-related)?

3. Do you currently have a job _____. If yes, please list where you are employed, your job description, and whether you are working part-time or full-time.

CONFIDENTIAL INFORMATION

1. How much of your college expenses will you/your parents be responsible to pay? _____

2. How many siblings do you have and what are their ages? _____

3. List all scholarships you will receive and their amounts.

4. List any loans you will receive and their amounts.

5. List any stipends you will receive and their amounts.

I, the undersigned, declare that the information reported herein is true and complete.

Signature of Applicant _____ Date _____

Parent Signature _____ Date _____

SCHOLARSHIP AGREEMENT

It is agreed that:

1. The decision of the Scholarship Committee's award is final.
2. Additional personal and/or financial information will be provided to the Committee if requested.
3. Scholarship funding is to defray cost of all or part of tuition and fees and is paid to a **Georgia school** of your choice.
4. In the event that a student ceases the course of study in a related medical field, scholarship funding will no longer apply.

I have read and clearly understand the above agreement.

Signed, this _____ day of _____, 20_____

Applicant _____ **Witness** _____
Signature _____ Signature _____

Print _____

Print _____

Parent /Guardian (if Applicant is a minor) _____
Signature _____

As part of the application process, please submit:

1. At least two (2) letters from a teacher, counselor, supervisor, or a member of the clergy with a current date, on appropriate letterhead stationery, **in a sealed envelope**.
2. A **single page (1)** narrative profile of yourself stressing factors relevant to your occupational choice and goals. Stress qualifications which you believe that you pursue to complete your education in your chosen field.
3. An **official** high school transcript. **The transcript must be in a sealed envelope from the school.**
4. **Official proof** of acceptance from the educational institution that the Applicant will attend.
5. A personal interview with a letter of recommendation from the sponsoring Volunteer Service President or the Chair of the group's Scholarship Committee. **This letter must be on hospital or Volunteer Service letterhead stationery and must be signed and dated.**
6. The completed application form with the letters of reference, personal profile, transcripts, proof of acceptance, and the interviewer's letter of recommendation **must be mailed to the Jean Cory Youth Scholarship Chair and postmarked no later than April 15 of the year in which the application is submitted; incomplete packages will be returned.**

NAME OF SPONSORING VOLUNTEER SERVICE:

Signature of Volunteer President or Scholarship Chair: _____ Date _____

Please "print" name: _____ Email _____

Mailing Address _____ Phone _____