



Council on Volunteer Services  
Georgia Health Care

## ELIZABETH WILMOT BULL MEMORIAL 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 \_\_\_\_\_ Telephone \_\_\_\_\_  
Permanent address \_\_\_\_\_  
Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Marital Status \_\_\_\_\_ Spouses's Name, if applicable \_\_\_\_\_  
Dependents (age and relationship) \_\_\_\_\_  
\_\_\_\_\_

### **EDUCATIONAL INFORMATION**

1. What is your professional goal? \_\_\_\_\_  
\_\_\_\_\_
2. What is your course of study? \_\_\_\_\_  
\_\_\_\_\_
3. What is your present academic level? \_\_\_\_\_
4. What is your current cumulative grade point average? \_\_\_\_\_
5. What school will you attend this fall? \_\_\_\_\_

**Mailing address and telephone number of Financial Aid Office (PLEASE VERIFY TO AVOID PAYMENT DELAY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full- time student? \_\_\_\_\_ Part-time student? \_\_\_\_\_ Expected graduation date? \_\_\_\_\_  
If part-time, specify what else you will be doing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List in chronological order all schools attended, beginning with High School, providing address and diplomas or degrees granted:

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7. What honors (academic or otherwise) have you received and when: \_\_\_\_\_

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### **OCCUPATIONAL INFORMATION**

1. What health or science related fields or activities have you been involved in for recreation or as a volunteer?

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2. List all jobs you have held (employer, type of work and dates). Indicate whether you were full or part time.

EMPLOYER	FT/PT	TYPE OF WORK	DATES

3. If presently employed, please list your current employer, duties, and income:

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4. If you are not currently enrolled in school, how have you been occupied since leaving school?

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### **CONFIDENTIAL INFORMATION**

1. How much of your college expenses are you responsible to pay? \_\_\_\_\_

Your occupation and approximate annual income: \_\_\_\_\_

Do you contribute to the support of any other person(s) or have other financial obligations? Yes \_\_\_\_ No \_\_\_\_

If yes, please list: \_\_\_\_\_

2. Father's name \_\_\_\_\_

If Father is contributing to your educational expenses, what percentage is he responsible to pay? \_\_\_\_\_

3. Mother's name \_\_\_\_\_

If Mother is contributing to your educational expenses, what percentage is she responsible to pay? \_\_\_\_\_

Number and ages of siblings: \_\_\_\_\_

How many siblings are in school? \_\_\_\_\_ How many are in college? \_\_\_\_\_

4. Spouse's name \_\_\_\_\_

If spouse is contributing to your educational expenses, what percentage is he/she responsible to pay? \_\_\_\_\_

Application, p. 3

### **Other Income Sources**

1. Scholarship(s); please specify type and amount and for what time period: \_\_\_\_\_
2. Loan(s); please specify type and amount and for what time period: \_\_\_\_\_
3. Stipends: \_\_\_\_\_
4. Other: \_\_\_\_\_

*I declare that the information reported herein is true, correct, accurate, and complete.*

**Signature of Applicant** \_\_\_\_\_ **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 \_\_\_\_\_ Signature \_\_\_\_\_ Witness \_\_\_\_\_ 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** college transcript. **The transcript must be in a sealed envelope from the school.**
4. **Official proof** of acceptance (if not currently enrolled) 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 Elizabeth Wilmot Bull Scholarship Chair and postmarked no later than February 15 of the year in which the application is submitted; incomplete packages will be returned.**

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**NAME OF SPONSORING VOLUNTEER SERVICE:**

**Signature of Volunteer President or Scholarship Chair:** \_\_\_\_\_ Date \_\_\_\_\_

Please "print" name: \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_