SCHOLARSHIP APPLICATION INSTRUCTIONS AND POLICIES FOR THE MARY HOWDEN GIBSON AND LOIS GADDIS HAMILTON MEMORIAL SCHOLARSHIP FUND

The Scholarship Fund is to be used for any student pursuing a degree in the medical field.

The scholarship is sponsored by the Candler Hospital Auxiliary, a part of St. Joseph’s/Candler Health System.

The decision of the Auxiliary Scholarship Committee will be final.

The amount of the fund to be used by the student for tuition costs will be determined by the Executive Board of the Auxiliary. Checks will be issued to the institution, not the individual. Any unused scholarship payments will be refundable to the Auxiliary and will at no time be refundable to a scholarship recipient.

To qualify a student must be accepted into a medical field, and planning to attend a Chatham County institute of higher education.

As part of your application, please submit:

1. Applicant’s financial need and desire to pursue a career in a field of Allied Health/Medicine.
2. Official proof of acceptance into a medical program by one of the recognized institutions.
3. Three letters of recommendation, from teachers, counselor, employer, supervisor, or clergy.
4. A grade point average of 2.5 or higher must be maintained with written proof of this scholastic recipient.
5. An official college transcript and available aptitude and achievement test.
6. Completed applications forms with the letters of reference, college transcript and official proof of acceptance must be received by the Chairman, no later than March 31st.

Letters of acceptance or regrets will be sent to all applicants after the process has been completed.

Please send applications to:
Candler Hospital Auxiliary
Betty Anne Foran
Auxiliary Scholarship Chairman
5353 Reynolds Street
Savannah, GA 31405

St. Joseph’s Hospital
11705 Mercy Boulevard
Savannah, Georgia 31419
(912) 819-4100

Candler Hospital
5353 Reynolds Street
Savannah, Georgia 31405
(912) 819-6000

St. Joseph's/Candler is the recipient of the National Magnet Award for Nursing Excellence.
www.sjchs.org
CANDLER HOSPITAL AUXILIARY
MARY HOWDEN GIBSON AND LOIS GADDIS HAMILTON
MEMORIAL SCHOLARSHIP FUND APPLICATION

**FULL NAME**

**Social Security#**

**Date of Birth**

**Place of Birth**

**Male or Female**

**Email**

**Phone Numbers**

  - home:
  - cell:
  - other:

**Permanent Home Address**

**Street**

**City/State/Zip**

**County**

**Present Address**

**Street**

**City/State/Zip**

**County**

**Marital Status**

**Spouses Name**

**Dependents (age and relationship)**

**Present Employer**

**Duties**

**Income**

Complete the following with all jobs you have held:

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<th>EMPLOYER</th>
<th>DUTIES</th>
<th>DATES</th>
<th>FT/PT</th>
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List high schools, preparatory schools and colleges which you have attended:

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<th>Name of school</th>
<th>City &amp; State</th>
<th>Dates</th>
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List honors that you have earned in school or community:


School attending this Fall

Medical Program accepted into

Estimated graduation date

What is your ultimate goal?


Provide the names and contact information of two adults, not relatives, who know you and who can give information about you. For example, a recent teacher, counselor or employer.

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Do you have any family or other responsibilities that might interrupt or interfere with your school program? If yes, please explain.


2
What are your plans for meeting the necessary expenses of the program?

Have you been approved for any other form of financial assistance?
If yes, please explain:

Person(s) responsible for education expenses:

- □ Parents  □ Spouse  □ Self

Father’s full name

Living?  □ Yes  □ No

Address

Mother’s full name

Living?  □ Yes  □ No

Address

Complete questions below if parents are responsible for your expenses. If not, mark N/A
1. Father’s Present Employer
2. Father’s Employer Address
3. Father’s Present Occupation
4. Mother’s Present Employer
5. Mother’s Employer Address
6. Mother’s Present Occupation
7. Siblings Ages:
8. How many are in K-12th grade?
9. How many are in college?

If your spouse is responsible for your expenses please answer following - If not mark N/A
1. Spouse's Present Employer
2. Spouse's Employer Address
3. Spouse's Present Occupation
4. Do you and your spouse contribute to the support of any other person(s) or have other financial obligations?

☐ No  ☐ Yes - please list.

Please answer the following on a separate sheet
A. Reason for selecting this career:
B. Work experiences (volunteer work to be included):
C. Reasons for planning to enter this school:
D. Other statements that would indicate attitude and interest in this career:
E. Why are you applying for this scholarship?

AGREEMENT

I understand that:
1. The decision of the Scholarship Committee is final.
2. If requested, further personal and/or financial information will be provided to the committee.
3. Scholarship funding is to defray the cost of tuition and is to be paid to the institution, NOT to the individual.
4. In the event the student ceases course of study in related health field, scholarship funding will no longer apply.

I declare that the information reported herein is true, correct, accurate, and complete.
I have read and clearly understand the above agreement.

Signature

Printed Name

Date

Witness

Printed Name

Phone #