

Brookwood Medical Auxiliary Inc.
2010 Brookwood Medical Center Drive
ACC Suite 405
Birmingham, Alabama 35209

Criteria For Healthcare-Related Scholarship Applicants:

Academic: Must be presently enrolled in college with a "B" or better grade point.

Personal:

1. No academic or social probations.
2. No criminal record which would interfere with obtaining a licensure.
3. Permanent resident of the State of Alabama.
4. Scholarships are issued for one year of academic study. Past recipients must reapply each year.
5. Applicants must be of high moral character, must be enrolled in an **undergraduate** program of health care-related studies in an accredited college within the state of Alabama and must have at least two (2) semesters of college remaining.

In addition to an application, the following paperwork must be submitted in order to be considered for a scholarship:

1. A short typed essay to give the Scholarship Committee some insight about you personally and why you are applying for this scholarship.
2. Letter of recommendation from faculty member.
3. Letter from Financial Aid Office stating tuition and fee expenses along with scholarships, grants and loans already awarded.
4. Personal letter of recommendation from one other individual. This reference may be from place of employment, church, or any other organization (excludes relatives).
5. **Official/Final** transcript from current college showing grades the completion of this semester. **No transcripts with "In progress" will be accepted.**

The completed application, letters of recommendation, essay and official transcript must be in the office of the Brookwood Medical Auxiliary, Inc. by June 1, 2012. Absolutely NO late information will be accepted. Please fill out the application, checking to make sure you have completed all areas, and that it is accurate and neat. If the applicant's folder is incomplete (missing application and the 5 items listed above) at the end of business on June 1, they will not be considered for a scholarship. It is the applicant's responsibility to make sure that all items listed above are received. Recipients will be notified of their scholarship amount by mail and payment will be made directly to the Financial Aid Office of the recipient's school. These funds may be applied **only** towards the cost of tuition and books.

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(205) 877-5140

**Application Form
For Healthcare-Related Scholarship**

NAME: _____ SS# _____

PERMANENT ADDRESS: _____
(Street)

(City) (State) (Zip Code)

TELEPHONE NUMBER: _____

EDUCATION: (List name of schools and dates attended)

High School _____ From _____ To _____ GPA _____

GED Equivalency _____ From _____ To _____ GPA _____

College _____ From _____ To _____ GPA _____

College _____ From _____ To _____ GPA _____

Nursing School _____ From _____ To _____ GPA _____

Other _____ From _____ To _____ GPA _____

How were you referred for this scholarship application: _____

ARE YOU EMPLOYED? _____ IF SO, WHERE? _____

NAME OF EMPLOYMENT SUPERVISOR: _____

List any jobs and/or volunteer work in the medical field you have held:

Please list **ALL** scholarships, grants, and any other financial assistance you will be awarded for next year:

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Signature: _____ Date: _____

Note: Please refer to Criteria for Scholarship Applicants. Application, official transcript from school currently attending, essay and letters of recommendation must be received by **June 1st** to be considered for a scholarship.

REV. 2/12

We ask that you include a short typed essay to give the Scholarship Committee some insight about you personally and why you are applying for this scholarship. Also, please attach a recent photo.

Your application will not be considered without an essay.