



# **BERT T. COMBS MEMORIAL SCHOLARSHIP**

**2024**

**Sponsored by  
AdventHealth  
Manchester**

## **2024 Scholarship Application**

**Each year the Bert T. Combs Memorial Scholarship Committee awards a \$1,000 scholarship to a student who will graduate from Clay County High School, Red Bird High School, Oneida Baptist Institute, or Manchester Christian Academy. The Scholarship Selection Committee is a community-service organization whose purpose is to make our world a better place to live in.**

**The Bert T. Combs Scholarship Application consists of six (6) parts:**

- I. The Application**
- II. An Official Transcript**
- III. An Essay**
- IV. An Activities or Extracurricular Resume'**
- V. A Letter of Recommendation**
- VI. 50 Volunteer Hours at the Hospital (to be completed over the course of the next year)**

**The scholarship recipient will be selected by the Bert T. Combs Scholarship Selection Committee.**

**Students submitting an application should follow these guidelines:**

\*Return the completed application to Randy Craft by October 13, 2023, at MAN.marketing@adventhealth.com or mail to: Marketing/Randy Craft 210 Marie Langdon Drive, Manchester, KY 40962.

\*Application Packet must include:

-Completed Application Form

-Official High School Transcript with GPA computed on a 4.0 Scale

-ACT profile

-List of activities, awards, honors, and work experience. On a separate sheet list all activities in school, church, and community that demonstrate your leadership abilities. Include awards, achievements, and honors you have received and any offices you have held. Describe your work experiences in either volunteer or paid positions.

\*Essay: In a short essay on a separate sheet, give the committee your definition of community service, how you have contributed to the betterment of your community, and why you are deserving of this award.

\*2 Letters of Recommendation: Your letters of recommendation should be from a non-family member, someone who can describe your involvement in school, church, and community activities, and have knowledge of your work experiences. These letters should reflect how you have contributed to the betterment of your community.

\*Award recipient will be determined utilizing the following formula:

-Essay: 40%

-Activities/Awards/Honors/Work Experience: 30%

-GPA: 10%

-ACT: 10%

-Letter of Recommendation: 10%

\*Scholarship of \$1,000 must be used for college expenses and will be awarded to the selected student upon actual enrollment at the college of his/her choice. Student will be required to submit proof of enrollment before receiving the monetary award. Failure to enroll will cause forfeiture of the award.

**BERT T. COMBS MEMORIAL SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

High School Grade Point Average (GPA):

Weighted \_\_\_\_\_

Unweighted \_\_\_\_\_

ACT Scores: English \_\_\_\_\_ Reading \_\_\_\_\_

Math \_\_\_\_\_ Science Reasoning \_\_\_\_\_ Composite \_\_\_\_\_

What College or University do you plan to attend? \_\_\_\_\_

Have you applied? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

What is your intended major? \_\_\_\_\_

**\*DEADLINE: Friday, October 13, 2023**