

Scholarship Application

Please **type** or **print in ink**, answering all questions applicable to your present status.

Date:		SSN:			
Name:					
Last		First	Middle Initial		
Home Address:					
City	State	Zipcode	Phone Number		
Date of Birth:		_ Initial Application:	Renewal Application:		
List all persons presen	tly living in your h	ome who are depende	ent on the total household income:		
Yourself	Spouse				
	·		Name and Age		
Father	Siblings				
			Names and Ages		
Mother	Children				
			Names and Ages		
Father's Occupation: _					
Current Voarly I	Job Tit. ncome: \$	1.5	er Location		
Mother's Occupation:					
Current Yearly I	ncome: \$		er Location		
Spouse's Occupation:	Job Tit				
Current Yearly I	ncome: \$				
Your Occupation:					
	Job Tit.		er Location		
Current Yearly I	ncome: \$				

How many family members will be at	ttending college next	t fall?		
I graduated from:	High School on:			
CNA certification received:				
Examinations : Please list all college e scores/results.				
College Entrance Examination(s) - SA	AT score:	ACT sco	ore:	
0	ther:			
College/College Plans: Please list na	ame of school(s) and	present status.		
A. Name:				
Prefer to Attend			Now Attending	
B. Name:				
Prefer to Attend			Now Attending	
C. Name:				
Prefer to Attend	Have Applied	Accepted	Now Attending	
Course of study I'm planning to purs	ue/pursing:	C	egree:	
What is your current academic level	(based on credit hou	rs)? COLLEGE TRAN	SCRIPTS REQUIRED.	
Freshman	Sophomore	Junior	Senior	
Approximate number of quarters/ser	mesters remaining be	efore graduation:		
semester(s)/qua	arter(s) remaining			
Special Recognition: Please list hono	ors, awards, scholars	hips, honor societies	, etc.	
Activities : Please list high school/co including community service.	llege activities (sport	ts, clubs, etc.) and or	ganized outside activities	

Work Experience: Please describe your work activities during the past few years, at home, at school or campus or for outside employers.

Outside Financial Aid: Please list any sources of outside educational financial aid (scholarships, grants, state/federal aid, etc.) for which you have applied or which you have already been granted. Please list if you are eligible for Hope Scholarship.

Already receive	d award?	Title of Grant	\$ Amount	Renewable?
Yes	No			
Yes	No			
Yes	No			

Please submit a letter from your parent(s) or legal guardian(s) if you are a dependent, stating that they are aware you are applying for this scholarship, and that they agree to provide information regarding their employment, income, as well as any other information that might be deemed appropriate by the scholarship committee to evaluate your current financial need.

Briefly describe why you would like to be a health care professional:

References: Three letters of reference are required. At least one should be from recent high school teacher, college teacher or work supervisor.

Certification: I acknowledge that any scholarship awarded is with the understanding that I will comply with the rules of the AdventHealth Gordon Foundation scholarship committee provided to me. I also understand that if I have not enrolled in an accredited school or course within 365 days of scholarship being awarded, the funds will be relinquished. I hereby certify that all statements contained herein are true and correct.

Signature of Applicant

Date

Please complete this form and return it to:

AdventHealth Gordon Foundation PO Box 304 Calhoun, GA 30703

Deadline: April 21, 2023 at 3 pm