



## 2012 HOUSTON HEALTHCARE SCHOLARSHIP GUIDELINES

Houston Healthcare encourages the continued education of local high school students in the area of healthcare. We are pleased to provide a \$1,000 scholarship to a graduating senior attending a High School in Houston County.

The scholarship is based on following guidelines and criteria:

- (1) The student must be accepted for enrollment in either a two or four-year college program with the expressed intent to obtain a degree in a healthcare-related field such as Nursing, Pharmacy or Physical/Occupational Therapy.
- (2) The student must have a minimum high school GPA of 3.0 and have demonstrated his or her commitment to school and community activities. Working part-time or as a volunteer in a healthcare setting would be considered an excellent demonstration of interest in the healthcare field.
- (3) The student must complete and submit the attached application to their guidance counselor, along with a letter of recommendation from a principal, teacher or counselor.
- (4) The student must submit an essay (no more than two pages typed and double spaced) communicating his or her interest and desire in pursuing an education and career in healthcare.
- (5) The scholarship will be paid directly to the student. The student must agree that the funds distributed by Houston Healthcare will be used exclusively for educational purposes. If for any reason it is determined the funds are misused, the student agrees to pay back the entire amount to Houston Healthcare.

The scholarship check will be presented to the student at the School's Honors Day Program by a Houston Healthcare representative.

The completed and signed application, along with the letter of recommendation and the essay, **must be received by Houston Healthcare no later than Monday, April 9, 2012**. The application and materials may be mailed to: Mary Stanley, Marketing, Houston Healthcare, 1601 Watson Boulevard, Warner Robins, Georgia 31093.

Any questions regarding the scholarship should be directed to Mary Stanley, Community Relations Coordinator, at 322-4973 or e-mail, [mstanley@hhc.org](mailto:mstanley@hhc.org).



# HOUSTON HEALTHCARE

## 2012 HOUSTON HEALTHCARE SCHOLARSHIP

### *Application*

#### **To be completed by Student**

Full Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

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

City and Zip: \_\_\_\_\_

Plans for College/Secondary Education: \_\_\_\_\_

High School Activities/Community Involvement (please indicate any leadership roles):

\_\_\_\_\_

\_\_\_\_\_

Other Scholarship Awards Received: \_\_\_\_\_

\_\_\_\_\_

I agree that the above information is correct. If selected as an award recipient, I agree that the funds received from Houston Healthcare will be used exclusively for educational purposes. If for any reason it is determined that the funds are misused, I will agree to pay back the entire amount to Houston Healthcare.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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#### **To Be Completed by School Guidance Counselor or Principal**

Current GPA: \_\_\_\_\_

SAT/ACT Score: \_\_\_\_\_

Class Rank: \_\_\_\_\_ of \_\_\_\_\_ N/A \_\_\_\_\_

College Acceptance: \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor/Principal

\_\_\_\_\_  
Date

***All portions of this section must be completed for the application to be accepted.***