

Twin Cities Hospital Auxiliary Policy for Scholarships

The purpose of this scholarship is to assist a deserving student in the pursuit of a career in medicine, nursing, medical technology or other allied field of health care up to the completion of the Bachelors Degree.

Basic Criteria for selection: Candidates for this scholarship should have demonstrated the following qualities and need:

1. A positive potential for success in earning an **Associate or Bachelor** degree by:
 - A. Having earned a 2.0 GPA or better in high school, (**include your latest transcript or report card**) and
 - B. Achieving college entrance exam scores which will gain acceptance to applicant's college of choice, or having been accepted by the college of choice.
2. **Service Qualities.** An awareness and commitment to the objective of the Twin Cities Hospital Auxiliary which is demonstrated by **submitting two letters of recommendation** from adult leaders of service organizations which attest to the candidate's service activities. Report a record of service on the scholarship application form.
3. **Financial need.** This scholarship award should be a vital addition to the candidate's college fund. The importance of and need for financial assistance should be demonstrated by:
 - A. **Combined Annual Gross Family Income:** Attach a copy of the first two pages of your family's latest tax form 1040 or 1040EZ. We do not need schedules or attachments. If you have not completed the current year's tax return, indicate if there were major changes in income. Do not include your social security number until you have been selected. Note: This information will be seen only by the Scholarship Committee and will be destroyed after their review.
 - B. Provide a letter from a parent or guardian which attests to the magnitude of need.
4. Candidates should reside in the geographic area of Niceville - Valparaiso area, or attend Niceville High School, Rocky Bayou Christian School, or be accepted at Northwest Florida State College.

Twin Cities Hospital Auxiliary
Applicant Agreement

I UNDERSTAND AND AGREE THAT:

1. This scholarship is based on certain academic, service, and need criteria:

Academic: 2.0 GPA or higher and acceptable scores on college entrance exams, or accepted by a regionally accredited college. **Include transcript or report card.**

Service: Demonstrated commitment to the pursuit of a career in medicine, nursing, medical technology or other allied health care field.

Need: This scholarship is a vital part of the financial aid required to attend a college.

2. If I receive and accept a full scholarship, or an appointment to a government service school, or an ROTC scholarship, I will not be eligible to receive this scholarship. If a full scholarship or an appointment is received after a portion of the scholarship has been used, all remaining funds will be returned to the Twin Cities Hospital Auxiliary.
3. If selected, I shall not receive the actual scholarship until I have been accepted at an accredited school and have notified the Twin Cities Hospital Auxiliary Treasurer of the acceptance and my intent to enroll, and the planned date of enrollment. At that time, I will provide my Social Security number.
4. Should I transfer to another accredited school before using the available funds, such funds remaining may be transferred to the new school of my choice. The Scholarship chairperson must be notified immediately.
5. Should I cease to attend the school of my choice and not transfer immediately to another accredited school, any monies remaining in this fund shall be returned to the Twin Cities Hospital Auxiliary to be placed back into the general scholarship fund.

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT/GUARDIAN (if applicable) _____

EMAIL ADDRESS _____

TCHA
2012
Scholarship Application

Applicant's Name (print) _____ birth date _____

Address _____

e-mail _____ phone# _____

Marital status _____ children _____

Employment: (if married) Spouse Occupation _____ Income _____

Self: Occupation _____ Income _____

If living with parents; Father's income: _____ Mother's _____

Self: List employment (summer and after school jobs) _____

1. Schools attended (grades 9- 12) Name of school _____

Location _____

Grade point average _____ Special honors/awards- _____

Will you have graduated from high school by June 30, 2012 ? _____

Please answer required information in sections 2, 8, 9, 10 on separate attachment

2. List school activities or organizations in which you have participated. Include offices held in local, state, or national organizations .

3. Names and address of references: Include at least one of faculty member of your school.)

(1) (faculty)print: _____

(2) _____

(3) _____

4. State your health care career goal _____
5. Name and address of college you plan to attend for your health related career:

6. Have you been accepted for admission? _____
7. How much financial assistance will you need? _____
8. Are you the recipient of any other awards or scholarships? If so, please list:

9. List church, community, or volunteer activities: _____
10. Please write on an attachment any other information about yourself that you feel will be of value to the committee considering your application. Include a statement concerning your aims and aspirations in life and your intended educational objective.

Applicant's signature _____ Date _____

The deadline for submitting this application is **March 30, 2012**. Successful applicants will be notified before the second week of May. At that time, your social security # will be required.

Please mail this completed form to: Twin Cities Hospital Auxiliary
Lois Pellnitz, Chair
Scholarship Committee
2190 Highway 85 N
Niceville, FL 32578

You may e-mail questions and concerns to: loispell10@yahoo.com.