

Patsy S. McGowan Memorial Scholarship

Application

1. Applicants must:

- a. have a 2.5 GPA or higher.
- b. provide an official transcript from your college or high school.
- c. include a minimum of two (2) letters of recommendation from a recent supervisor and instructor.
- d. include a current resume.
- e. complete application Form A and Form B.
- f. in essay format (minimum of 500 words) tell us why you should be selected to receive a Patsy S. McGowan Memorial Scholarship, including why you selected surgical technology as a career path, and discuss your financial need for this scholarship.
- g. provide proof of acceptance in the Surgical Technology Program at Wallace Community College once notified in July. Due to timing, the recipient will be notified prior to providing proof of acceptance.

2. Applicants will be evaluated based upon a number of factors including academic record, extracurricular activities, leadership qualities, recommendations, financial need, and the applicant's essay.

3. Dependents of Scholarship Selection Committee members may not apply. **For the purpose of this scholarship a dependent is defined as a person who relies on someone else for financial support and can include children or other relatives.*

4. Scholarships will be awarded based upon the Selection Guidelines of the Scholarship Selection Committee.

5. Scholarship recipient will be granted an award of \$15,400 to cover tuition for the five semester Surgical Technology Program at Wallace Community College.

6. Completed application packets must be postmarked or received at the address at the bottom of page 2 of this document by May 1. Applications received after this date and incomplete applications will not be considered.

7. Recipients will be announced in June of each year. Once the recipient provides proof of acceptance into the program the funds will be disbursed directly to the Business Office at Wallace Community College. Any scholarship funds unused or unclaimed will be returned to the Southeast Health Foundation. Any exception to this process must be approved by the Southeast Health Foundation Board of Trustees at their November meeting.

1. Recipient Requirements:

- a. A 2.5 GPA or higher must be maintained until graduation.
- b. Upon completion of degree, a two-year work commitment at Southeast Health is required. Recipient will sign a commitment along with the scholarship agreement once awarded. Work schedules are determined by the hiring manager at the time of hire.



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Scholarship Application Checklist

Completed application packets must include the following:

- Scholarship Application Form A
- Scholarship Application Form B
- Official transcript.
- Two letters of recommendation.
- Current resume.
- An essay (500 word minimum) describing why you should be selected, why you chose surgical technology as a career path, and your financial need for this scholarship.

If the application packet is **not** completed when it is submitted, it will be disposed of without consideration. Please be sure your application packet is complete when you submit it.

Please submit your completed application by May 1 to:

Southeast Health Foundation,
Attn: Executive Director
1922 Fairview Ave., Dothan, AL 36301
or email to aebunting@southeasthealth.org.

For additional information, contact Southeast Health Foundation at (334) 673-4150.

IF APPLICATION AND SUPPORTING DOCUMENTS ARE SUBMITTED ELECTRONICALLY THEY MUST BE IN A PDF FILE.



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Form A

Full Name: _____
Last First Middle Initial

Address: _____
Street

City State Zip

Phone: _____ Cell Phone: _____

Email: _____

Name of Parent(s) or Guardian(s): _____

I have read the enclosed scholarship guidelines and ask that I be considered for an award with a full understanding of the conditions. Also, I hereby authorize my school(s), its faculty member(s), and their authorized personnel to release my grades, course information, and other information from my student record(s) to the Southeast Health Foundation in order to determine my qualifications for this award. I understand that evaluations will be kept confidential, and I waive any right of access to them.

Applicants Signature: _____ Date: _____

I have read the enclosed scholarship guidelines and give my permission for the minor listed above to be considered for this scholarship. I hereby consent to the release to the Southeast Health Foundation of all such information requested by it in order to determine the student's qualification for this award.

Parent or Guardian Signature: _____ Date: _____



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Form B

1. School Academic History

Institution

Dates Attended

GPA

2. Academic Record

List any academic recognitions and honors you have received.

3. Extracurricular Activities

List each one, including clubs, sports, academic teams, student government, etc. and describe your participation (number of years and involvement).

4. Leadership Record

Provide information on the leadership positions you have held during the past four (4) years. Include positions in your school and your community, and your length of service. Describe the contribution you made while serving as a leader of the organization. Place particular emphasis on any new activities you initiated.
