

Braly Healthcare

SCHOLARSHIP APPLICATION

Thank you for your interest in the Braly Service Scholarship Program. Please carefully read the following material, complete the accompanying application and **return the application and supporting documentation to:**

Attn: Joyce Hulse
WellStar Paulding Nursing & Rehab Center
600 West Memorial Drive
Dallas, GA 30132

Required documentation includes a current official transcript and at least two letters of recommendation written within the past twelve months, preferably from professional or academic associates. Your application, transcript, letters of recommendation, and signed Scholarship Agreement **ALL** must be postmarked or received by April 30, 2021. Any incomplete applications will **NOT** be considered for any scholarship.

APPLICATIONS AND SUPPORTING DOCUMENTS

DEADLINE: April 30

Scholarship recipients will be selected in May. Awards will be distributed directly to academic institutions for the upcoming academic year. If you have any questions after reviewing the attached packet of information, please e-mail janeragsdale@bellsouth.net

Thank you and best of wishes to you.

CHECK OFF LIST

- () Completed and Signed Application (all spaces must be filled)
- () Signed Scholarship Agreement (see attached) Be sure to indicate (check off) how you plan to repay
- () Official transcript (must be in a sealed envelope or sent directly)
- () Last year's tax return form/s (2019)
- () Minimum of two letters of recommendation (written within the past year)

Standard requirements for consideration include enrollment or accepted for enrollment at an accredited school, and a grade of "C" or better.

BRALY Healthcare

SERVICE SCHOLARSHIP PROGRAM

I. PURPOSE

The primary purpose of the Braly Service Scholarship Program is to increase the local supply of healthcare professionals by offering financial assistance to persons pursuing a college degree to enter a healthcare related career and to serve Paulding County. Preference will be given to WellStar Paulding employees and/or residents of Paulding County.

II. APPLICATION PROCESS

Scholarship funds will be provided to selected applicants on a competitive basis. The scholarship committee will first consider applicants who are currently enrolled in health care programs where the hospital or nursing center is experiencing or anticipating a shortage of qualified personnel.

Applications can be obtained from members of the Braly Scholarship Committee and Human Resources at WellStar Paulding Hospital/Nursing & Rehab Center. Applications will be accepted from January through April for quarters or semesters beginning the following fall.

Recipients must complete a new application each year that they request more funding*.

* Funds must be used during the school year following the award or will be forfeited. Recipients are encouraged to fill out a new application each year he/she requests funds.

III. FUNCTIONS

The Braly Scholarship Committee has three functions:

1. Determining which health care careers the applicants are pursuing will best meet the healthcare needs.
2. Selecting qualified scholarship candidates who will meet the community's and healthcare's future needs.
3. Determining funds available, number and amounts of service scholarships to be awarded each year.

IV. SELECTION CRITERIA

To be considered, all applicants must complete a scholarship-loan application. Selection criteria will identify candidates that have the best potential for a successful career in health care.

Criteria are as follows:

- Acceptance into a health-related program is required, unless specific scholarship criteria states otherwise. A letter from a school or dean's office indicating official acceptance will be accepted as confirmation.
- An official transcript must be received before the application is considered complete. This is necessary to verify the scholarship candidate's prior education and their academic achievements. The scholarship committee will consider GPA as one element in the selection criteria. However, GPA will be used as a tiebreaker in the unlikely event that two or more applicants are equally qualified to receive a scholarship.
- Scholarship candidates should declare other sources of financial aid (scholarships, loans and grants) to the committee. These other sources of financial aid will be reviewed to distribute resources

partially based upon need. Personal and family income will also be considered. A copy of last year's (2020) tax return(s) to be submitted with the application.

- Scholarship candidates should declare how they intend to re-pay the service scholarship.
- Priority will be given to Paulding County residents, WellStar Paulding employees, and high school seniors of Paulding County schools who have plans to work at WellStar Paulding after graduation from the program.
- Each application submitted may have all information verified including educational institutions attended, work history, and personal and professional references.
- Scholarship committee members may interview prospective candidates.

V. **SCHOLARSHIP DISBURSEMENT AND ELIGIBILITY**

- Annual scholarship dollars disbursed will be determined by funds available and interest generated from the Scholarship fund.
- The maximum scholarship shall be between \$500.00 and \$2,500.00 per recipient for most undergraduate and graduate programs. To receive additional funds (after first award), applicants must reapply each year.
- Service Scholarships are limited to students pursuing health-related careers.

Checks will be sent directly to the student's school and may be allocated to any quarter or semester of the academic year based upon the student's financial needs. An exception may be made in certain cases where proper documentation is provided and all other requirements are met that a check be made out to the student.

If you are or will be a Hope Scholarship recipient and are awarded a Braly Service Scholarship, the scholarship money can only be used to pay for fees, books, and other items related to your academic program. Once all items are paid, any "extra" money in your student account, from the service scholarship that you were awarded, should be returned to the Braly Scholarship Fund if not used in your current school year.



BRALY SERVICE SCHOLARSHIP AGREEMENT

I understand that scholarship funding will be paid directly to the college of my choice to defray costs. Scholarship funds will be paid over a period covering the school year beginning with the fall session following the award and continuing for one year.

I will sign a promissory note each time funds are dispensed. If studies are completed and I come to work at WellStar Paulding Hospital and Nursing Center, \$100 credit is given for each month of full-time employment. The entire loan can be paid off in this manner.

In the event I am unable to begin or complete a quarter/semester or must withdraw from school, notification should be made to the committee chair immediately. Reasons will be clearly stated, as well as intentions for the future. I understand that the committee reserves the right to request restitution of the monies expended, with reasonable interest. I will negotiate a payment schedule within thirty (30) days in this event.

I certify that the answers given by me to these questions and statements are true, correct and without omissions. I authorize the Braly Scholarship Committee or their designees to investigate this and any other information that may help them determine my qualifications for the scholarship. I release WellStar and the Braly Scholarship Committee from any liability or damage that may result from such investigation. I understand that if anything contained in this application is found to be untrue, consideration for this scholarship will be revoked. I also understand that the decision of the scholarship committee is final.

I intend to repay the scholarship-loan, if received, through (Check one)

service at WellStar Paulding Hospital and Nursing Center (\$100 credit given for each month of employment after graduation.)

financial arrangement after termination from the program or when it is determined that you have decided not to work at WellStar Paulding after graduation*

*I understand that if I drop out of the intended program before completion, I must call and make financial arrangements to repay the service scholarship.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE:

Signature of Applicant

Date

If under the age of 18, parent or guardian must sign below:

Signature of Parent or Guardian

Date

SERVICE SCHOLARSHIP APPLICATION

Braly Scholarship Committee
WellStar Paulding Hospital & Nursing Center
600 W. Memorial Drive
Dallas, GA 30132

(Please complete all blanks and use N/A where necessary.)

PERSONAL INFORMATION

NAME _____ TELEPHONE _____
Last First MI

CURRENT HOME ADDRESS

Street _____ City _____

County _____ State _____ Zip _____

SCHOOL NAME & ADDRESS (If you are living on campus)

Name _____ Street _____

City _____ State _____ Zip _____ Phone _____

E-mail address: _____

DATE OF BIRTH _____ STUDENT ID# _____

SS# if you don't have a Student ID# _____ (for school to identify your check).

Have you ever been convicted of a crime (including DUI's, misdemeanors & felonies)? () Yes () No If yes, explain and include dates.

Spouse's Name (If applicable) _____ Employer _____

Phone Number _____ Position _____

Father's Name (If you are living at home) _____ Employer _____

Phone Number _____ Position _____

Mother's Name (If you are living at home) _____ Employer _____

Phone Number _____ Position _____

Are you presently enrolled in a college? () Yes () No

Have you declared a major? () Yes () No If yes, what is your major? _____

What will your status be next semester? (Freshman, Sophomore, etc.) _____

If you are not presently enrolled in a college, have you applied and been accepted to a college? () Yes () No

If yes, please give name and address _____

Name

Address

City

State

Zip

EDUCATION

Please list beginning with most recent.

<u>SCHOOL</u>	<u>MAJOR</u>	<u>DATES ATTENDED</u>	<u>DEGREE OBTAINED</u>	<u>GRADE AVERAGE</u>

List honors/awards/accomplishments in school and/or in your community

EMPLOYMENT

List your last two places of employment beginning with the most recent:

<u>DATES EMPLOYED</u>	<u>EMPLOYER</u>	<u>POSITION</u>	<u>SALARY</u>	<u>REASON FOR LEAVING</u>	<u>WORK PHONE</u>

Briefly describe volunteer work in which you have been involved. Include a brief description of your duties, locations and dates: (Please use additional paper if necessary)

OBJECTIVE

Why are you considering a healthcare profession? If you are not choosing health care, why are you considering the area that you are?

What are your eventual professional goals?

Why are you applying for this scholarship-loan?

Please list all sources of financial assistance for school that you are currently receiving or plan to receive including grants, other scholarships, and funds from parents or family. Please also include if you plan to receive the HOPE Scholarship.

Yearly income: Self_____ Family_____
Please submit a copy of last year's tax return(s) with your application

If you are awarded a scholarship, please list the school and complete address where the check is to be mailed. Check with your school for correct mailing information.

REFERENCES

Please give the name, address, and telephone number of three individuals not related to you, i.e. teacher, employer, counselor who knows you well and who the scholarship committee may contact. Please state the position of the referenced person.

Name	Position	Place of Employment	Phone
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Name	Position	Place of Employment	Phone
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Name	Position	Place of Employment	Phone
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Your application **MUST** be complete and postmarked no later than April 30. Any applications that are postmarked after that date will **NOT** be considered for a scholarship. Also, those applications that are received and are incomplete, (this includes all spaces on the application, transcripts and letters of recommendation) will **NOT** be considered.

Scholarship winners and non-winners will be notified by/in June.