

# East Alabama Medical Center Foundation Scholarship Program Information

## **Purpose**

The purpose of East Alabama Medical Center's Foundation Scholarship Program is to provide students financial assistance to pursue a Nursing Degree.

## **Who Is Eligible?**

Anyone pursuing a Nursing career at one of the three area nursing schools. Students will be nominated to the committee by the facility.

## **Application Requirements**

Prospective candidates should contact the Foundation office for information regarding application materials. The application process must be completed by the July 15<sup>th</sup> deadline.

Prospective scholarship recipients must:

1. Submit documentation of acceptance into a accredited program
2. Submit a completed application form (attach work history resume)
3. Provide official copies of all college transcripts
4. Provide two (2) letters of reference or recommendation to include one personal and one work or academic related
5. Report for an interview with the scholarship committee

## **Amount of Award**

The total amount awarded is determined by the tuition required by the school.

## **Criteria for Award**

Scholastic records/achievement  
Personal interview  
Motivation and desire  
Career goals  
Financial need

East Alabama Medical Center Foundation  
***Gladys Whatley Blanton***  
 Nursing Scholarship Program Application

Personal Information				
Name:				
Last	First	Middle	Date	
Addresses:				
Street	City	State	Zip Code	
Social Security Number	Marital Status	Home Phone		
If married, name of spouse			Spouse's place of employment	
Spouse's position		Address of spouse's employer		
Parent or guardian's name	Street address	City	State	Zip Code

Academic Information				
High School Attended	City	State	Zip Code	
Graduate? Yes _____ No _____				
_____ Date of graduation or completion				
GED? Yes _____ No _____				
<b>Colleges Attended and Degree:</b>			Graduate? Yes _____ No _____	
College Name	Address	Degree Earned		
College Name	Address	Degree Earned		
<b>Other schools attended:</b>				
<b>Program applying for:</b>				
Name of school:				
Address:				
Placement in program: (Year/semester/quarter)				
Expected graduation date:				

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**Scholarship Information**

I would like to be on scholarship for \_\_\_\_\_ semesters/quarters beginning with the \_\_\_\_\_ semester/quarter:  
 (Fall, Winter, etc.)

Are you receiving other financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_

Please explain why a scholarship is necessary for you to attend school:

Career goals after obtaining training/degree:

**Reference Information**

List three (3) references; other than relatives. These should include one instructor, if you have had a clinical course; employer, if you are working or have worked; and one other.

Name	Title	Address
1.		
2.		
3.		

**Note: you must provide official copies of all college transcripts. These should be mailed directly to the Medical Center from the registrar's office of each school. A letter of acceptance to your program and two (2) letters of recommendation must also be provided.**

**Mail to Scholarship Committee: Foundation Office c/o Susan Lee, 2000 Pepperell Parkway, Opelika, AL 36801**

This program offers equal opportunity to students regardless of race, creed, color, sex, age religion, or national origin