

Attached is an application for the **Houston Healthcare – Warner Robins Auxiliary/ Virginia Wetherington scholarship**. The Auxiliary will be awarding \$1,500 scholarships to selected Seniors attending one of the following schools:

- **Houston County High School**
- **Northside High School**
- **Warner Robins High School**
- **Veterans High School**

The student must plan to pursue a career in health care. A transcript of grades for his/her Junior and Senior years must be attached to the application along with three (3) letters of reference.

Completed application must be received by **March 31, 2026**, to qualify for consideration. You may mail or email your completed application package to:

Mail: **Emory Hospital – Warner Robins**
HMC Scholarship Committee
c/o Volunteer Services
1601 Watson Boulevard
Warner Robins, GA 31093

Email: patty.callahan@emoryhealthcare.org

Please feel free to make additional copies of the application. If you have any questions, please feel free to contact the **Volunteer Services Office** at Emory Hospital– Warner Robins at **(478) 542-7753**.

Sincerely,

Houston Healthcare - Warner Robins Auxiliary

SCHOLARSHIP APPLICATION

Houston Healthcare – Warner Robins Auxiliary/Virginia Wetherington Scholarship

Houston Healthcare – Warner Robins Auxiliary

Name: _____ Sex (circle one): M / F

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: / / Place of Birth:

Father's name in full: _____ Living?: _____

Present address:

Present occupation:

Mother's name in full: _____ Living?: _____

Present address:

Present occupation:

If you live with someone other than your parents, please fill in following:

Name	Relationship
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Address Phone Number

Schools Attended:

Schools Attended:			
Name	City/State	Dates	GPA

Name _____ City/State _____ Dates _____ GPA _____

What courses did you study in high school toward a medical career?

Have you taken the SAT? _____ Scores: _____

Scholarship Application

What types of activities, clubs, and services have you participated in during your high school years?

What awards or honors have you received?

Give the names and addresses of three adults - not relatives - who know you and who can give information about you. (*You may include teachers, counselors, employers, ministers, etc...*)

<u>Name</u>	<u>Address & Phone #</u>	<u>Position</u>
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Name of school you plan to attend: _____

Have you applied and been accepted? Y / N If yes, start date: _____

Course of study: _____

Length of time to complete degree: _____

Do you anticipate any complications with family or other responsibilities that could interfere with your pursuit of this degree? Y / N

If yes, please explain: _____

What is your ultimate goal? _____

Please complete the following: (*Use additional sheet, if needed.*)

A. Reasons for selecting this career:

B. Work experiences (include volunteer work):

C. Reasons for entering chosen school:

D. Other statements that would indicate attitude and interests in this career:

E. Have you applied for other scholarships? If so, list scholarship name(s) and whether or not you have been selected.

STUDENT'S CERTIFICATION

I declare that the information reported is true, correct and complete.

Signature

Date

SCHOLARSHIP AGREEMENT

It is agreed that:

1. The decision of the scholarship committee's award is final;
2. Further personal and/or financial information will be provided if the committee requires it;
3. Scholarship funding is to defray the cost of all or part of tuition and will be paid directly to the college;
4. In the event that the student ceases course study in related health field, scholarship funding will no longer apply;
5. Scholarship money will be sent to the college once a confirmation from the registrar's office of the course/class schedule is received.

I have read and clearly understand the above agreement:

Student Signature

Date

Witness

Parent/Guardian Signature

Date

Witness

Note:

- **Transcripts required** - Each applicant must assure that a transcript (for Junior and Senior Year) is included with package -or- mailed to the address below.
- **Letters of reference** - Applicant must also have three (3) letters of reference attached to the application.
- **Applications will not be accepted if any areas are incomplete.**
- **Deadline** – the receipt deadline for all information is March 31, 2026, by 4pm.

You may mail or email your completed application package to:

Mail: **Emory Hospital-Warner Robins**
HMC Scholarship Committee Email: patty.callahan@emoryhealthcare.org
c/o Volunteer Services
Houston Healthcare – Warner Robins
1601 Watson Blvd.
Warner Robins, GA 31093

Effective date: 2/17/2026