ANDALUSIA HEALTH SERVICES, INC.

P. O. BOX 56 – ANDALUSIA, AL 36420 334-488-5990 <https://sites.google.com/view/andalusiahealthservices/home>

**2025 SCHOLARSHIP APPLICATION**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School(s) Attended and Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College (s) Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate field of study: Medicine \_\_\_, Nurse Practitioner (Doctorate\_\_\_, Nurse Practitioner (Masters) \_\_\_, Registered Nursing \_\_\_, Licensed Practical Nursing \_\_\_, Lab Technology \_\_\_, Occupational Therapy (Doctorate) \_\_\_, Occupational Therapy Assistant \_\_\_, Paramedic\_\_\_, EMT\_\_\_, Physical Therapy (Doctorate) \_\_\_. Physical Therapy Assistant \_\_\_,Radiology Technology /Imaging\_\_\_, Speech Pathology (Masters) \_\_\_, Surgical Technology\_\_\_, Diagnostic Medical Sonography \_\_\_, Pharmacy (Doctorate) \_\_\_, Respiratory Therapy \_\_\_\_.

College/University you will attend in 2025 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been admitted to the program indicated? \_\_\_\_\_ If yes, include proof with your application. If no, when will you be notified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester for scholarship to begin: Fall 2025 \_\_\_, Spring 2026 \_\_\_.

Final Semester and year for scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of Semesters \_\_\_\_\_.

**TRANSCRIPTS**: Applicants must submit high school and college transcripts.

**NARRATIVE**: Applicants must write a brief narrative indicating the reason(s) for applying for a scholarship, career plans, and previous accomplishments and honors.

**EVALUATIONS**: Applicants must have two (2) evaluations submitted following the instructions on the evaluation sheet.

Completed applications, transcripts, narratives and evaluations must be received by March 31, 2025, at P. O. Box 56, Andalusia, AL 36420. By April 7, you should be informed that your application was received. You may verify that your completed application was received by calling 334-488-5990 after 5:00 PM.

Your signature below indicates that you are a Covington County resident and that the information provided is accurate to the best of your knowledge. It further indicates that if awarded a scholarship and you do not complete your degree and return to Covington County and work in the health field in which you were approved for a scholarship, you will repay the funds received plus interest. In addition, it indicates that you agree for your evaluation forms to remain confidential and unavailable for review by yourself or any other party.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_