



HOUSTON HEALTHCARE

Attached is an application for the **Houston Healthcare – Warner Robins Auxiliary/Perry Auxiliary/Virginia Wetherington scholarship**. The Auxiliary will be awarding \$1,000 scholarships to selected Seniors attending one of the following schools:

- **Houston County High School**
- **Northside High School**
- **Warner Robins High School**
- **Veterans High School**
- **Perry 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 17, 2025**, to qualify for consideration. You may mail or email your completed application package to:

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

Email: Scholarships@hhc.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** for Houston Healthcare – Warner Robins at **(478) 542-7753**.

Sincerely,

Houston Healthcare - Warner Robins Auxiliary

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 17, 2025, by 4pm.**

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