

The Pilot Club of Newnan, Inc.

Healthcare Scholarship Application

GENERAL INFORMATION

- Scholarship amount: \$1000.00 (one-time gift, non-renewable)
- Scholarship available to those wishing to go into the healthcare field
- Scholarship will be awarded without regard to race, sex, creed, national origin, religion or disability
- Applicant must complete written application in total
- Applicant must plan to attend an accredited college or university in the United States
- A copy of the applicant's transcript must accompany the application
- Application must be turned in by the date announced
- Three (3) letters of recommendation must accompany the application. One must be from a school official (teacher, principal, coach or counselor) and two (2) must be from people outside the school and not family members
- Presentation of the scholarship will be made at the Honors Night Ceremony of the respective school

TO APPLICANT

Please write and submit an essay of a maximum of 300 words with your application. Your essay should reflect your personal involvement in community service activities. It should also reflect your reasons and goals for going into the healthcare field. Please also include how this award will help you reach your goals.

CHECKLIST OF ITEMS TO BE SUBMITTED

- Completed application
- Essay
- Transcript (will be provided by Guidance Dept.)
- Three (3) letters of recommendation

Return application and all attachments to _____

The Pilot Club of Newnan, Inc.
Healthcare Scholarship Application

Name: _____ Birth Date: _____

Home Address: _____ Sex: _____

Home Phone: _____ Date of Graduation: _____

High School Name: _____ Phone: _____

School Address: _____

FAMILY INFORMATION

Father, Step-Father or Legal Guardian:

Name: _____ Phone (h): _____

Address: _____ Phone (c): _____

Occupation: _____ Employer: _____

Mother, Step-Mother or Legal Guardian:

Name: _____ Phone (h): _____

Address: _____ Phone (c): _____

Occupation: _____ Employer: _____

List colleges, universities, or schools to which you have applied and indicate the current status of your application: (Accepted, Not Accepted, Pending, etc.)

INSTITUTIONS

STATUS

Have you already received or been assured any financial assistance? _____ If so, please list below the source and amount to be received:

SOURCE

AMOUNT

COMMUNITY, CHURCH AND CIVIC VOLUNTEER ACTIVITIES:

AWARDS & HONORS RECEIVED: (Academic & Community)

SCHOOL EXTRACURRICULAR ACTIVITIES: (Include Offices or Leadership positions held)

WORK EXPERIENCE:

In order for the school to release schools records, test scores, transcripts and other data requested in this application, please sign this form below as indicated.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____