



2018 Student Healthcare Career Scholarship Packet



AAMC Foundation
Post Office Box 887 ♦ Abbeville, SC 29620 ♦ (864) 366-3364
Director – Meg Davis



Dear Applicant,

Thank you for your interest in the Abbeville Area Medical Center Foundation Healthcare Career Scholarship. Note that this scholarship is not based on financial need.

Please ***read the enclosed information carefully***. If you are interested in applying for the scholarship:

- Return all required information **in one envelope**
- **Deadline is 5:00pm on March 19, 2018**
- **Late and/or incomplete applications will not be considered**
- **Faxed** applications will **NOT be accepted or considered**

Applications may be hand delivered to the Foundation Office or mailed to:

**Abbeville Area Medical Center Foundation
Attn: Scholarship Committee
P.O. Box 887
Abbeville, South Carolina 29620**

Abbeville Area Medical Center Foundation Healthcare Career Scholarship

Purpose:

To provide monetary assistance to a deserving graduating senior(s) who intend(s) to pursue a Healthcare Career. It is preferred that the applicant have some intent of pursuing job placement at Abbeville Area Medical Center upon graduation. **This scholarship is NOT based on financial need.**

Qualification:

The applicant must:

1. Be a graduating senior from an Abbeville or McCormick County school OR a child of a full or part-time AAMC employee,
2. Intend to pursue an associate (2-year) or baccalaureate (4-year) degree in a healthcare career,
3. Be in good standing with the school,
4. Have a minimum 3.0 GPA,
5. Be enrolling for the first time in an associate or baccalaureate degree program, and
6. Be accepted in an accredited institution of higher education.

Criteria:

Scholarships will be awarded based on the following, ranked accordingly:

1. Personal interview (10 points)
2. Academics (for high school applicants)/work performance (employees) (10 points),
3. Involvement in community and/or school (5 points),
4. Goals/Motivation (5 points), and
5. References (3 points).

Process:

1. The applicant must complete and return an application along with:
 - a personal statement telling why receiving this scholarship is important to him/her (scholarship is NOT based on financial need therefore this subject SHOULD NOT be included in the statement),
 - an original **signed** and **raised seal stamped** official transcript
 - definitive proof of acceptance in an institution of higher education, and
 - three **sealed** reference score sheets from adults who are not family members. Each letter must be **signed across the sealed envelope flap by the person completing the reference.** **At least one reference must be from a teacher.** Please be aware that the Scholarship Committee reserves the right to contact any reference.
 - **Faxed** applications will **NOT be accepted.**
2. To receive consideration for the scholarship, the applicant must return all requested information by **5:00pm on March 19, 2018.**
3. Selected applicants must be present for a personal interview to be held the second week of April.

Scholarship Conditions:

1. The Foundation will award one or more scholarship(s) in the amount of up to \$4,000.00. The scholarship can be used to fund tuition and books. Other academic supplies may be purchased with prior approval by the Scholarship Committee. Proof of purchase of the approved item must also be provided.
2. The applicant cannot receive the scholarship more than one time.
3. Applicant must maintain a **2.5 minimum GPA** for the funded semester (**institutional GPA excluding transfer credits, etc.**) in order to receive continued funding.
4. Applicant must submit an official transcript to the Foundation office before funding will be released for the next college session.

Payment Mechanism:

1. The scholarship recipient and the Financial Assistance office of the school will be contacted in writing when the scholarship is approved. This letter will enable the student to register.
2. A representative of the Abbeville Area Medical Center Foundation will arrange payment to the school.
3. The AAMC Foundation will maintain a current financial account. The student will provide an itemized bill detailing expenditures and payments made to the account prior to the release of the scholarship payment.
4. If the student does not maintain a minimum GPA of 2.5 for each term/semester (institutional GPA excluding transfer credits), drops out of school or changes his/her focus to an area other than a healthcare career, they will no longer be eligible to receive scholarship funds. Any unused portion of the scholarship money must be returned to the Foundation Office within 30 days. Should the student withdraw prior to attending college and the funds have been released to the student, the student is obligated to repay the full amount of the scholarship to the Foundation.

Abbeville Area Medical Center Foundation Healthcare Career Scholarship

Applicant Information

Name: _____

Address: _____
Number & Street City, State & Zip Code

Home Phone _____ Cell: _____ Email: _____

Parent/Guardian's Name: _____

Address: _____
Number & Street City, State & Zip Code

Home Phone _____ Cell: _____ Email: _____

Date of Graduation _____ (if applicable)

Name of Institution of Higher Education you are planning to attend:

School Number & Street City, State & Zip Code

Healthcare career you intend to pursue: _____

References (3 points)

List three references below. A sealed, completed reference form (included in this packet) from each person must be returned with your application. **The person completing the application must sign the sealed flap of the envelope.** At least one reference must be from a teacher. ***Family members cannot be used as references.***

Name: _____

Name: _____

Name: _____

Personal Interview (10 points)

A personal interview will be scheduled during the second week of April, if possible.

Late/Incomplete Application

*If the application packet is received later than 5:00pm on March 19th, or is found to be incomplete in any way (missing references, etc) the student will be taken out of consideration for the scholarship. **No faxed references will be accepted.***

Affidavit/Certification

FOR ALL APPLICANTS:

I authorize investigation of all statements contained in this application. I understand that misrepresentation of any information may prevent me from consideration in receiving this scholarship.

I understand that I must be a full or part-time student to receive the Abbeville Area Medical Center Foundation Scholarship. Under the penalties of perjury, I do solemnly affirm that all information provided pertaining to this application, herein stated or provided separately, is true to the best of my knowledge and belief.

I accept the responsibility of notifying the Abbeville Area Medical Center Foundation of any change from that stated in this application to my academic or career goals. I agree to make this notification immediately, in writing.

I understand and agree that if I do not maintain a minimum GPA of 2.5 (institutional GPA excluding transfer credits) for each term/semester, drop out of school or change my focus to an area other than a healthcare career, I will no longer be eligible to receive scholarship funds. If I withdraw from school, any unused portion of the scholarship must be returned to the Foundation within thirty (30) days. If scholarship funds have been released to the student, the student is obligated to repay the funding to the Foundation.

I also understand and agree that if I do not submit the necessary information following each term as detailed in the application, I will lose scholarship funding.

Signature of Applicant

Date of Application

**Abbeville Area Medical Center Foundation
Healthcare Career Scholarship
Reference Form**

I, _____, am applying for the **Abbeville Area Medical Center Foundation Healthcare Career Scholarship**. I authorize you to provide the **Abbeville Area Medical Center Foundation** with the requested information below.

Applicant's Signature _____
Date

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____

Please rate the following characteristics that you have observed in the applicant that would help him/her be successful as he/she pursues higher education in a health career.

<u>Characteristic</u>	<u>Rating (circle one)</u>		
Communication Skills	Fair	Good	Excellent
Attitude	Fair	Good	Excellent
Attendance (school/work)	Fair	Good	Excellent
Dependability	Fair	Good	Excellent

Additional comments: _____

Signature _____
Date

Contact Number: _____

****To ensure confidentiality, **please return this reference form to the applicant in a sealed envelope with your signature across the sealed envelope flap. Faxed or mailed references will NOT be accepted.******

Should you have any questions, please feel free to contact the Foundation Office at (864) 366-3364.

**Abbeville Area Medical Center Foundation
Healthcare Career Scholarship
Reference Form**

I, _____, am applying for the **Abbeville Area Medical Center Foundation Healthcare Career Scholarship**. I authorize you to provide the **Abbeville Area Medical Center Foundation** with the requested information below.

Applicant's Signature _____
Date

1. How long have you known the applicant?
2. What is your relationship to the applicant? _____

Please rate the following characteristics that you have observed in the applicant that would help him/her be successful as he/she pursues higher education in a health career.

<u>Characteristic</u>	<u>Rating (circle one)</u>		
Communication Skills	Fair	Good	Excellent
Attitude	Fair	Good	Excellent
Attendance (school/work)	Fair	Good	Excellent
Dependability	Fair	Good	Excellent

Additional comments: _____

Signature _____
Date

Contact Number: _____

****To ensure confidentiality, **please return this reference form to the applicant in a sealed envelope with your signature across the sealed envelope flap. Faxed or mailed** references will **NOT be accepted.******

Should you have any questions, please feel free to contact the Foundation Office at (864) 366-3364.

**Abbeville Area Medical Center Foundation
Healthcare Career Scholarship
Reference Form**

I, _____, am applying for the **Abbeville Area Medical Center Foundation Healthcare Career Scholarship**. I authorize you to provide the **Abbeville Area Medical Center Foundation** with the requested information below.

Applicant's Signature _____
Date

1. How long have you known the applicant?
2. What is your relationship to the applicant? _____

Please rate the following characteristics that you have observed in the applicant that would help him/her be successful as he/she pursues higher education in a health career.

<u>Characteristic</u>	<u>Rating (circle one)</u>		
Communication Skills	Fair	Good	Excellent
Attitude	Fair	Good	Excellent
Attendance (school/work)	Fair	Good	Excellent
Dependability	Fair	Good	Excellent

Additional comments: _____

Signature _____
Date

Contact Number: _____

****To ensure confidentiality, **please return this reference form to the applicant in a sealed envelope with your signature across the sealed envelope flap. Faxed or mailed references will NOT be accepted.******

Should you have any questions, please feel free to contact the Foundation Office at (864) 366-3364.