

Guidelines for Receiving a Share Health Southeast Georgia Scholarship

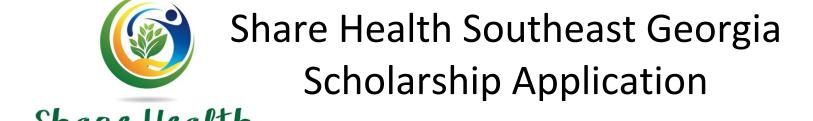
The Share Health Southeast Georgia Scholarship Fund was created to provide annual scholarships to graduating seniors from high schools and homeschools in the 16-county region of the Southeast Health District who show an interest in pursuing a career in healthcare. The following criteria will apply:

- 1. Plan to study public health/healthcare in their university or college work.
- 2. Maintain good grades.
- 3. Be involved in extracurricular activities, especially those activities involved in health, within the school and/or within the community.
- 4. Attend a college or university which is classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
- 5. Complete an application form and include a one-page essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate.
- 6. Submit two signed letters of reference.
- 7. Demonstrate financial need. FAFSA is available to complete now. The SAR report is required and can be received within 48 hours of completing the FAFSA.

Please note: Incomplete applications will not be reviewed.

An Advisory committee will select the scholarship winner which will be subject to the approval of the Board of Directors of Share Health Southeast Georgia. *No member of the Advisory Committee, or his or her immediate family, shall be eligible for scholarship assistance during his or her tenure on the Advisory Committee.*

Share Health Southeast Georgia shall notify the chosen scholarship recipient(s) of its decision. The scholarship payment will be made after Share Health Southeast Georgia's June Board Meeting, and after the selected student notifies Share Health about his/her acceptance of the scholarships and verifies the school he/she will be attending. All scholarship checks are made payable to the university or technical school for the student.



Applicant Information

Name				
Last	First		Middle	
Address				
Street	Apt #	City/State	e Zip	
Telephone/		/Birt	hdate	
Home #	Work #	Cell#	M/D/YR	
E-Mail Address				
School History				
	Amtic	singted Conduction Do	40	
High School		cipated Graduation Da		
Class Rank	GPA			
SAT Score		ACT	Score	
Critical Reading	Math	Writing		
School Activities				
Please indicate the organizat	ions in which yo	ou are/were an active i	member. Check	
all that apply.				
☐ National Honor Society	□ Beta Club	□ Student Council	□ Class Officer	
□ School Newspaper	□ Yearbook	□ Debate	□ Key Club	
□ Band/Orchestra/Chorus	□ Drama	□ Sports	□ HOSA	
□ Other				

Community Service	<u>:e</u>				
Please indicate the o	community ser	rvice activities in	whic	h you have been active.	
Check all that apply	7.				
□ Community Impr	ovement	□ Boy/Girl Scouts	S	□ Ethnic/Cultural Org.	
□ Health/Safety Gro	oup	□ Peer Counseling		□ Tutoring	
□ Performing Arts		□ Recreation Proj	ject	□ Other	
Honors/Awards					
List any honors, aw	ards, or other	special recognition	n yo	u have received for school	
or community servi	ce activities.				
Name of Award		1	Date Received		
College Goals					
College you plan to	attend:				
Have you been accepted?		ID# _		 	
Course of Study:	□ Education	n □ Nurs	sing	□ Pre-Med/Law	
□ Business	□ Pre-engir	neering	logy	□ Pre-Allied Health	
□ Other					
What are your caree	er goals?				
Where do you want	to he amentary	ad in bootth some at	ftor a	moduatina vyith varm da ana	
where do you want	to be employe	eu in nealthcare ai	ner g	raduating with your degree	

Intended Enrollment Status:	□ Full-time – 12 or more credit hours			
\Box Half-time $-6-8$ credit hours	☐ Three-quarter – 9-11 credit hours			
• • • • • • • • • • • • • • • • • • • •	eve applied for and/or are receiving: ner Scholarship/Private Funding			
Parent/Self employed by (if seeking preference for children of employees of Southeast Health District):				
Parent's name(s)	Employer			

The following items must be received (*single pages only, no double sides*) in order to be eligible for a scholarship:

- The application
- An essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate
- Official school transcript
- Two signed letters of recommendation
- A copy of the Student Aid Report (SAR)

Applications and supporting documents must be postmarked by March 01, 2024 (deadline).

Applications received after the deadline or incomplete applications will not be considered.

Questions or Comments?

Get in touch with us at:
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