

THE DRS. ZEB AND LENETTE BURRELL EDUCATIONAL ENDOWMENT

This Endowment with the Elbert Memorial Hospital Foundation was created to provide scholarships for the support of individuals' initial or continuing education in a health-related field. This annual scholarship of \$1,000 may be used for tuition, fees, and books and is awarded to an individual age 30 and older who is a resident of Elbert County and/or employed full- or part-time at a health care facility in Elbert County. The fund will support his/her initial or continuing education in a health-related field in an accredited technical school, college, or university.

A scholarship application may be obtained in the Elbert Memorial Hospital Foundation Office located in Administration at Elbert Memorial Hospital or online at www.emhcare.net. Go to Foundation and then Burrell Scholarship Endowment.

REQUIRED INFORMATION

The following application forms will be reviewed by the Scholarship Committee:

1. Completed Burrell Educational Endowment Scholarship Application Form.
2. Official written acceptance by an accredited educational institution.
3. Official transcript from high school or General Educational Development (GED) Test and/or any additional educational program(s) showing a minimum grade point average of 2.5 on a 4.0 scale (when applicable) sent directly to address below.
4. Two letters of recommendation sent directly to the address below by the individuals who write the recommendations. Letters may be from high school teachers, college professors, and/or previous or current employers.
5. All correspondence (application form, acceptance letter from educational institution, transcript(s), and two recommendations) should be mailed to:

Elbert Memorial Hospital Foundation
Attention: Burrell Educational Endowment Scholarship Committee
4 Medical Drive
Elberton, GA 30635

6. All required information is due by **MAY 27, 2016**.
7. After all required information has been received and reviewed by the Scholarship Committee, a personal interview will be scheduled with the Committee.

BURRELL EDUCATIONAL ENDOWMENT SCHOLARSHIP APPLICATION FORM

Please type or print. If a question is asked that does not apply to you, write "NA" for Not Applicable. ALL blanks must be completed. Applications with unanswered questions will NOT be considered. When needed, use separate sheets to answer questions; identify question being answered.

PERSONAL INFORMATION

Full Name _____ Birth Date _____

Address you prefer to receive correspondence _____

City _____ State _____ Zip _____

Telephone # _____ Email Address _____

PERSONAL PROFILE

Attach a one-page profile of yourself, stressing factors related to your occupational choice and goal. Include your strengths and personal characteristics that will be helpful as you pursue this goal.

ACADEMIC INFORMATION

Beginning with high school, list in chronological order all academic institutions you have attended. Include General Educational Development (GED) Test if applicable. If currently attending program, list academic level.

<u>Dates</u>	<u>Name and Location of Institution</u>	<u>Diploma/degree earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE

If applicable, attach a one-page summary of work in which you have been employed. List dates, employers, locations, and job titles. If needed, list separate dates for different job titles at the same location. If part-time, list reason.

Homemaker and/or caregiver are considered work experience. If applicable, attach a one-page summary of your responsibilities. If you have been employed and have also been a homemaker and/or caregiver, combine both summaries on one page.

CONFIDENTIAL FINANCIAL INFORMATION:

Estimated cost of your program of study (per semester): \$_____

Please provide information regarding your financial resources for payment of tuition and fees for your program of study.

SCHOLARSHIPS:			
Name or source of scholarship	\$ Amount	Applied For (Yes/No)	Awarded (Yes/No)
GRANTS:			
HOPE Grant			
PELL Grant			
Other (List):			
**LOANS:			
** OTHER SOURCES:			
** Providing this information is voluntary. The information is only used to help the scholarship committee determine the applicant's need.			

I declare that the information reported in this scholarship application form is true, correct, and complete.

Signature _____ *Date* _____

SCHOLARSHIP COMMITTEE

COMPOSITION

1. The Scholarship Committee is composed of Lenette Burrell, Chairperson; Lynne Munumer; and Janet Wiley.

RESPONSIBILITIES

1. It is emphasized that application forms must be complete to be reviewed by the Scholarship Committee. The Scholarship Chairperson will notify all applicants of receipts of applications. If an application is incomplete, the applicant will be notified that he/she is no longer eligible for a scholarship at this time, but may reapply the following year.
2. After all the required information is received, the Scholarship Committee will meet to review the applications. Applicants will be called to schedule interviews with the Committee.
3. After the interviews, the Committee selects the recipient for the scholarship. All applicants will be notified in writing of these decisions.
4. Nancy Seymour, Foundation Executive Director, will then provide information to the public concerning awarding of the scholarship. Prior to releasing this information, a signed release from the recipient will be required.
5. After the recipient has been selected, Mrs. Seymour will send scholarship payment directly to the institution.

THE BURRELL EDUCATIONAL ENDOWMENT SCHOLARSHIP AGREEMENT

It is agreed that:

1. The decision of the Scholarship Committee's award is final.
2. Scholarship funding is to defray cost of all or part of tuition, fees, and books.
3. Recipient will sign release form authorizing use of his/her name in publicizing the scholarship award.
4. The \$1,000 scholarship will be paid directly to the school of your choice. Notify Mrs. Seymour as soon as possible when and where the scholarship should be mailed.

I have read and clearly understand the above agreement.

This, the _____ day of _____, 20_____

Print name: _____

Signature: _____

Witness: _____

Parent or Guardian (if applicable) _____