

Dorminy Medical Center Auxiliary Scholarship Application Requirements

PURPOSE

The purpose of the Auxiliary Scholarship Program is to make scholarships available to persons pursuing an education in the medical field.

DESCRIPTION

The DMC Auxiliary scholarships are presented annually. Funds in the amount of \$500 (one-time payment) will be provided to selected applicants from Ben Hill, Irwin and Wilcox counties who plan to have a career in the medical field; doctor, nurse, lab tech, dentist, physical therapist, pharmacist, etc., and have been accepted into the program at an academic or technical college.

SCHOLARSHIP APPLICANT QUALIFICATIONS

1. Applicants must have a minimum GPA of 3.2 on a 4.0 scale.
2. Applicants must provide current transcripts (high school/college depending on your status). All transcripts must be mailed directly to the Scholarship Committee. (See address below) Transcripts may be emailed directly from the school to hlee@dorminymedical.org, if needed.
3. The applicant shall be a graduating high school senior or college/technical school student.
4. Proof of acceptance in a school/program with the intent of majoring in a healthcare related field.
5. The applicant must reside in Ben Hill, Irwin, or Wilcox counties. (Permanent address)

SCHOLARSHIP APPLICANT PROCEDURE

1. **Application:** Complete the entire five (5) page application.
2. **Transcript:** *The application MUST include a copy of the most current (most recently completed grading period) official high school or college transcript. Transcripts may be emailed directly from the school to hlee@dorminymedical.org, if needed.*
3. **Letters of Recommendation:** Your application MUST include three (3) letters of recommendation. Include at least **TWO** from the school system and **ONE** from an employer or Minister/Youth Director – **Letters must clearly identify the relationship to the applicant.**

School (counselor, professor/teacher, coach); **Employer**; or **Minister or church youth director** (Not personal friends or family)

Individuals writing recommendation letters should include their association with the applicant and a candid evaluation of the applicant's abilities, background, character, etc.

4. **Acceptance Letter/Schedule:** Acceptance letter (HS applicants) College Schedule (college applicants) **MUST show student name on schedule

**The following must be mailed in a single envelope to the DMC Scholarship Chairman:
(Please be sure your name is on each page submitted)**

- _____ Completed (5) page application (ALL sections) signed and dated by applicant
 - _____ Most current high school/college transcript included
 - _____ Three (3) letters of recommendation (per instructions included)
 - _____ Acceptance letter (high school applicants) College Schedule (college students)
- **MUST show student name on schedule

The applications will be scored on the following (Max score 70 pts): **Educational Information** 10pts, **High School/Collegiate Organizations, Community, Civic, and Church involvement** 10pts, **Personal Statement – Career goals in healthcare** 15pts, **Why you would be a good recipient** 15pts, **Presentation (application completed and well presented, instructions followed, proofed and free of errors)** 10pts, and **Recommendations (Letters of recommendation – strong recommendation, comments indicate exceptional achievement/effort, potential for success, leadership ability, etc)** 10pts

If the applicant does not have the above checklist completed the application will be DISQUALIFIED.

Mail packets (Postmarked by May 1st)

**Dorminy Medical Center
Attn: DMC Auxiliary Scholarship Committee
P.O. Box 1447
Fitzgerald, GA 31750**

Email questions to hlee@dorminymedical.org

Notification:

Scholarship winners will be notified by phone upon completion of the evaluation process.

The application will not be returned. (Please make a copy prior to submission)