

# Archbold Hospital Auxiliary

Gordon Avenue at Mimosa Drive  
P.O. Box 1018  
Thomasville, GA 31799-1018  
(229) 228- 2000

January 13, 2024

Dear Guidance Counselor:

Please find enclosed scholarship applications for students pursuing a degree in a medical profession at a college, university, or technical school. Please feel free to make copies and distribute them to any students that meet the requirements. Each scholarship has different requirements and policies. A student may apply for as many scholarships as he/she chooses. Make sure that all required information is included with the application before submitting it/them to the Auxiliary Committee.

The scholarships that are available this 2023-2024 school term are as follows:

## Archbold Memorial Hospital Auxiliary Scholarship (local)

All scholarships are paid directly to the institution of higher learning where the scholarship recipient has been accepted. There is no limited number for students applying for the Archbold Memorial Hospital Auxiliary Scholarship and the student may attend any institution of his/her choice. Please make the students aware of these requirements and encourage each student applying to do his/her best in each area.

**The deadline for submitting all applications is 02-26-24. No applications will be accepted after the deadline.**

Completed applications should be returned to:

Volunteer Services Office

Mrs. Nelda Rome/Susan Herin, Scholarship Co-Chair

P. O. Box 1018

Thomasville, GA 31799

Thank you for your assistance in making this information available to interested students. If you have questions please contact Nelda Rome at 229-228-9571.

Sincerely



Nelda Rome,  
Scholarship Co-Chair

COVER SHEET TO APPLICATION FOR SCHOLARSHIP

**This is a scholarship application only. Determination of scholarship recipients is made solely by the Scholarship Committee. The decisions are determined by the recipient meeting all of the criteria and are final.**

**PLEASE READ VERY CAREFULLY**

Please print or type.

Answer every question on the application. Use N/A if a question does not apply to you. Blank spaces will disqualify applications.

DO NOT ATTACH A RESUME

Application must be legible, complete, and must be hand signed, (cursive signature) by applicant.

A signed official acceptance letter from college/school, on official school letterhead, must be included.

Official transcript of grades from the school(s) you are attending.

Three letters of reference, which must be signed, by the individuals giving information. You may use only one current/former teacher as a reference. The other two must come from outside of your school.

Please attach a one-page typed, double spaced narrative. It must contain your signature(cursive signature). The narrative should explain your reason(s) for selecting a medical related career and other information that would indicate attitude and interest in your chosen career and why you are applying for our scholarship.

It is **MANDATORY** that all areas and all requested forms be completed and attached when received by the Auxiliary.

Please do not reproduce as a double-sided form – single sided only.

This Committee accepts only hand written(cursive) signatures, not typed.

ALL APPLICATIONS MUST BE RECEIVED BY **02-26-24**. PLEASE MAIL TO:

MRS. NELDA ROME/SUSAN HERIN, CO-CHAIRMAN  
Archbold Auxiliary Scholarship Committee  
John D. Archbold Memorial Hospital  
P. O. Box 1018  
Thomasville, GA 31799

JOHN D. ARCHBOLD MEMORIAL HOSPITAL AUXILIARY  
P. O. BOX 1018  
THOMASVILLE, GEORGIA 31799

APPLICATION FOR SCHOLARSHIP

**PERSONAL INFORMATION: PLEASE PRINT OR TYPE**

Full Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Male( ) Female ( ) Phone Number (where you can be contacted) \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Home Address(If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Names:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

**Where are you currently attending school?:** \_\_\_\_\_

Have you taken college entrance exam? Yes \_\_\_\_\_ No: \_\_\_\_\_

If so, which one and what was your score? \_\_\_\_\_

What are your professional goals? \_\_\_\_\_

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What is your chosen course of study? \_\_\_\_\_

What is your cumulative grade point average? (Weighted) \_\_\_\_\_

What college/school do you plan to attend? \_\_\_\_\_

When do you plan to enter school? \_\_\_\_\_

Please list honors, academic or otherwise, that you have received:

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**OCCUPATIONAL INFORMATION:**

What health or science related fields of activities have you been involved in?

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Please list all other volunteer work or activities that you have been involved in:

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List all jobs you have held (date, employer, and type of work) and indicate whether full or part-time.

EMPLOER	DATES	DUTIES

Give the names and addresses of **three adult references, not relatives**, who know you and who can give information about you. For example, they may include a teacher or counselor, minister, or employer. **You may use only one current teacher/counselor as a reference, the other two must come from outside of your school.**

NAME	COMPLETE ADDRESS	PHONE#/POSITION

**CERTIFICATION:**

I declare that the information reported is true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHECK LIST

**NOTE: In order to be considered as an applicant these criteria MUST be met.**

- 1 - Answer every question on the application Use **N/A** if a question does not apply to you.
- 2 - **Do not attach a resume**
- 3 - Applications must be legible, complete, and hand signed (signature) by applicant.
- 4 - A signed acceptance letter from college/school, on official school letterhead must be included.
- 5 - Official transcript of grades from school(s) you are attending.
- 6 - Three letters of reference which **must be signed** by individuals giving information.
- 7 - Narrative information **must be signed by applicant.**

**ALL APPLICATIONS MUST BE RECEIVED BY 2-26-24. PLEASE MAIL TO:**

**Nelda Rome/Susan Herin, Co-Chair  
Archbold Auxiliary Scholarship Committee  
John D. Archbold Memorial Hospital  
P. O. Box 1018  
Thomasville, GA 31799**

**DO NOT REPRODUCE THIS APPLICATION AS DOUBLE-SIDED – USE SINGLE SIDED ONLY.**