Health First’s Holmes Regional Medical Center/ Palm Bay Hospital Auxiliary

Auxiliary Scholarship Applications
January 14, 2019

Dear Scholarship Applicants,

Health First’s Holmes Regional Medical Center/Palm Bay Auxiliary is once again offering scholarships to students studying in the healthcare field for the upcoming summer and fall semesters. These scholarships will be applicable for any Florida accredited institute of learning. The need for healthcare professionals is critical. We hope this financial incentive will help encourage students to consider the healthcare field. We will be offering ten $1,000 scholarships.

The application enclosed is self-explanatory. You may make copies if you need. Please note, the deadline to apply is March 15, 2019. Applications must be submitted by that date.

If you have any questions or need to get in touch with me, you may call 321.725.4861. Please leave your name, number and a short message. I will get back to you as soon as possible. General questions may also be directed to the Auxiliary office at 321.434.8519.

Sincerely,

Joyce Funderburk
2019 Scholarship Chairperson
Part I: Personal Data

Name: ____________________________

Last                                                                 First                                     Middle

Address: ____________________________

Street                                   City                                           State                                   Zip

Telephone: ____________________________

Home                                     Cell                                        Other

Date of Birth: ____________________________  Student ID Number: ____________________________

High School: ____________________________  Location: ____________________________

Major Being Considered: ____________________________

Father’s Name: ____________________________

Mother’s Name: ____________________________

Part II: Personal Goals

List the Florida schools to which you have applied and/or been accepted:

1. ____________________________

2. ____________________________

3. ____________________________

Approximate period of study (years/months) needed to accomplish your educational goals: ____________________________

Part III: School and/or Work-Related Activities, Honors and Awards. Please include positions of leadership.
(You may attach additional pages as necessary.)

1. Civic or community activities/honors: ____________________________

2. Please list your involvement with Heath First as a Volunteer, including years: ____________________________

3. Hobbies/special interests (you may attach additional pages as necessary): ____________________________
**Privacy Act**  
*(High School Students Only)*

Authority to request this information is derived from five United States Code 301 Department Regulations. The purpose of this request is to obtain information about academic performance of the applicant, and it will be used by the scholarship-sponsoring organization to evaluate the applicant’s academic achievement. Applicant must authorize release of transcript data.

The below named high school has my permission to release my official transcript to the scholarship sponsor given below:

Name of High School: 

Signature of Student: _____________________________ Date: _____________________________

**Instructions**

High school officials are requested to complete this form and attach a copy of the student’s official transcript, including grades achieved. Please complete in a timely manner and return to the student. **The student has until March 15, 2019, to submit their application and all forms to the scholarship chairperson.**

Health First’s Holmes Regional Medical Center/Palm Bay Hospital Auxiliary  
Attention: Scholarship Chairperson  
1350 S. Hickory St.  
Melbourne, FL 32901

Please provide the following information, even if given on transcript:

Student’s Name: _____________________________

Address: ____________________________________________

Student’s Dates of Attendance: From: _____________________________ To: _____________________________

Relative grade point average: _____________________________

College entrance Scores (Use CEEB/SAT or ACT scores only):

CEEB/SAT Verbal: _____________________________ CEEB/MATH: _____________________________ Date of Test: _____________________________

ACT Composite: _____________________________ Date of Test: _____________________________

Remarks that may be beneficial to scholarship sponsors: _____________________________________________

Name of High School: _____________________________ Title: _____________________________

Signature of High School Official: _____________________________ Date: _____________________________

OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED
Health First Scholarship Fund Criteria

Eligibility:
- The recipient must be a south (Viera to beachside south) Brevard County resident who will attend a Florida college or equivalent.
- Applicant must be a high school senior or equivalent.
- Applicant must have a GPA of 3.0 or higher.
- Applicant must be seeking a career in the healthcare field.

Terms:
- Candidate must complete the application and include all of the information requested.
- Candidate must not already be receiving a full tuition scholarship.
- Candidate must attend a Florida college or accredited institution of their choice.
- If recipient fails to complete the semester, remaining money shall be returned to the Auxiliary.
- Scholarship money is to be used for the upcoming summer/fall semesters.

Section of Recipient:
- Selection shall be based on academic record, community service, character, sincerity and career goals.
- The Auxiliary Scholarship Committee’s decision shall be final.
- The scholarship chairperson will notify the student if awarded or denied the scholarship.

The following items must be submitted with the application:
- High school/college transcript
- Two letters of character reference
- A 500-word essay, entitled “My Professional and Personal Goals”
- Proof of residency
- Privacy act statement
- Scholarship criteria (form signed below)

All Information is Strictly Confidential
I hereby allow the scholarship committee to review my application, transcripts on file and other personal information.

I hereby attest that all submitted information is true and that I agree to the terms of this scholarship.

Signature: ___________________________ Date: ___________________________
Applicant Scholarship Program Checklist

Utilize this checklist to ensure that you have submitted all documents required to be considered for a scholarship.

☐ Completed application

☐ An essay (500-word maximum), entitled “My Personal and Professional Goals”

☐ Completed privacy act statement (high school students only)

☐ Copy of transcript

☐ Two letters of recommendation

☐ Proof of residency (e.g. copy of driver’s license, etc.)

☐ Signed criteria form

☐ Provide student ID number

Return application and all required documents by March 15, 2019.

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Required Information to be Attached

Please include the following with your application:
- Two letters of character reference from individuals other than a relative. (Guidance Counselor, Teacher, Principal or Employer)
- A copy of your official transcripts
- A 500-word essay, entitled “My Professional and Personal Goals”

Return no later than March 15, 2019.

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Melbourne, FL 32901