

Criteria for Bethesda Auxiliary Scholarship Awards

1. For consideration as a candidate for scholarship, the student must:
 - Be pursuing a career in the health related fields of study; LPN, RN, Medical Technology, Physical Therapy, Pre-Med, Radiology, etc;
 - Reside within the Primary* Service Area of Bethesda Hospital, Inc. or be an Employee of Bethesda not covered by the hospital's scholarship program;
 - Be attending an accredited college within the State of Florida;
 - Have completed the first semester of college; and
 - Have maintained a minimum 3.0 GPA.

Members of the Board of Directors of the Auxiliary and their immediate family members are not eligible for this scholarship.

2. The maximum award per semester is \$750, and will be limited to 2 semesters in a one-year period, for a total of 3.5 years of Undergraduate study. Twelve (12) credit hours per semester is the minimum requirement for this award.
3. Returnees have priority over new applicants. However, if a recipient
 - does not reapply for assistance in the course of one calendar year, or
 - does not contact the Auxiliary Office to inform us that he/she does not require a scholarship award for that semester, then that individual will lose priority status, and will have to reapply as a new applicant.
4. Primary consideration will be given to the neediest, qualified students.
5. Applicants and continuing scholarship recipients must provide:
 - an Official Transcript to be considered for assistance; and
 - a letter of confirmation from a department head or student advisor regarding the applicant's major course of study.
6. The ultimate decision of an applicant being accepted into the Scholarship Program will be at the discretion of the Board of Directors of the Auxiliary. All scholarship checks will be made payable to the College/University, and presented to the Scholarship recipient.

* The **PRIMARY SERVICE AREA OF BETHESDA HOSPITAL, INC**, is an area bounded on the North by Southern Boulevard, on the South by Broward County Line, on the East by the Atlantic Ocean, and on the West by State Road 7 (Route 441).

COMMITTEE:

Bobbi Hill, Director/Health Services
Joyce Honig
Linda Condo

THE AUXILIARY OF BETHESDA HOSPITAL, INC.

STUDENT APPLICATION OF HEALTH CAREER SCHOLARSHIP PROGRAM

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH _____

MARITAL STATUS: Single Married Separated Widow Divorced

If single, give occupation of father and mother, and ages of dependent brothers and sisters. If a parent, give number and ages of dependent children: _____

ANNUAL FAMILY INCOME:

\$10,000 - \$20,000

\$30,000 - \$40,000

\$20,000 - \$30,000

\$40,000 - \$50,000

Over \$50,000

GIVE INFORMATION CONCERNING HIGH SCHOOL AND OTHER SCHOOLS ATTENDED:

School	Name and Location	Course of Study	Number of Years Completed	Did you Graduate	Degree or Diploma
High School					
Colleges / Universities					
Vocational Training					
Other					

LIST ORGANIZATIONS TO WHICH YOU BELONG:

AN OFFICIAL TRANSCRIPT OF GRADES 3.0 AVERAGE OR HIGHER IS REQUIRED. PLEASE ATTACH. NO APPLICATION WILL BE CONSIDERED WITHOUT THE OFFICIAL TRANSCRIPT.

SCHOOL WILL YOU BE ATTENDING: _____

SCHOOL ADDRESS: _____

YOUR MAJOR: _____

COST OF TUITION PER TERM: _____

NUMBER OF TERMS PER YEAR: _____

NUMBER OF TERMS TO GRADUATE: _____

DATE YOU BEGAN SCHOOL: _____

AMOUNT OF SCHOLARSHIP NEEDED FROM THE AUXILIARY: _____

OTHER SOURCES OF FINANCIAL AID (Parents, part-time work, additional grants, scholarships, etc.)

REFERENCES: Give full names and addresses of two instructors who are well acquainted with you

Name: _____

Address: _____

Name: _____

Address: _____

IN THE SPACE BELOW EXPLAIN IN APPROXIMATELY 100 WORDS YOUR REASON FOR PURSUING A CAREER IN THE HEALTH FIELD. (If necessary, use additional paper.)

Signature of Applicant

Date

MAIL APPLICATION FORM, TRANSCRIPT, AND A LETTER FROM YOUR STUDENT ADVISOR OR DEPARTMENT HEAD, CONFIRMING YOUR MAJOR AND YOUR INTENT TO PURSUE A CAREER IN THE HEALTH FIELD TO:

**Bobbi Hill
HEALTH CAREER DIRECTOR
2815 SOUTH SEACREST BOULEVARD
BOYNTON BEACH, FLORIDA 33435**

The Health Career Committee will hold confidential all information on this application form.