

SRMC Auxiliary Presidents Scholarship Summary Sheet

Satilla Regional Medical Center Auxiliary

Purpose of the Auxiliary: a non-profit corporation organized to promote the general welfare of Satilla Regional Medical Center, its patients, staff, employees, and the public under the guidance and with approval of the Hospital Authority and Administration. The membership shall seek to interpret and communicate the services, policies, and needs of Satilla Regional Medical Center to the community and to voluntarily serve Satilla Regional Medical Center, all under the supervision and with the approval of the Hospital Authority and Administration.

The Auxiliary Scholarship Program exists to assist the Auxiliary in accomplishing its purposes by developing and maintaining scholarship funds to be used by citizens of the Satilla Regional Medical Center community to provide the skilled healthcare workforce required to meet the needs of the SRMC and its service area.

Satilla Regional Medical Center Auxiliary Presidents Scholarship

The SRMC Auxiliary Presidents Scholarship Fund was established in 2008 to recognize Rex Abbott, an auxiliary president (2006-2008) and former OTC employee, *and all past and future presidents of the auxiliary.*

Guidelines for Scholarship Applicants

Eligibility

1. Applicants must be enrolled or accepted for enrollment in a diploma or degree healthcare program.
2. Applicants must demonstrate financial need and have a GPA of 3.0 or higher.
3. Recipients must maintain a satisfactory grade point average necessary for good academic standing in their healthcare program.

Use of Scholarship Assistance

Funds may be used for tuition, required fees, books, and necessary academic supplies. Non-traditional needs (gasoline, uniforms, daycare expenses, etc.) may be covered if approved by the Scholarship Committee.

Selection Procedures and Reports to the Auxiliary:

Scholarship recipients will be selected by a committee of the Okefenokee Technical College Foundation. A scholarship report to the Executive Board of the Auxiliary or to the general membership of the Auxiliary will be submitted by the OTC Foundation Executive Director annually.

Note: Scholarship funds shall be issued to the recipient's institution, not to the recipient-unless reimbursement is called for by the Scholarship Committee.

How to Apply:

1. Complete the application and essay (see last page of application) and either mail or deliver it to: Cindy Tanner, Okefenokee Technical College, 1701 Carswell Avenue, Waycross, Georgia, 31503 or Building 300, Room 319.
2. Two (2) letters of recommendation are required and should be submitted as directed above for the application. If applicant is or has ever been employed, one of the letters should be from an individual representing his/her employment.

The other may be of applicant's choosing. **NOTE:** Application **will not** be considered until letters of recommendation have been received.

Scholarship Recipient Responsibilities

1. Maintain satisfactory academic progress toward the healthcare diploma/degree.
2. Submit a copy of grade report to Executive Director of OTC Foundation immediately on completion of each semester or quarter.
3. Provide the Executive Director with an informal letter upon graduation that apprises the OTC Foundation and the Satilla Auxiliary of progress, honors and/or recognition, etc. received while in the healthcare program. This report or transcript will be used to verify satisfactory progress.

**Satilla Regional Medical Center Auxiliary
Presidents Scholarship Application**

Okefenokee Technical College Foundation

Last Name _____ First Name _____

Mailing Address _____ City _____ Zip _____

County _____ Home # (____) _____ Cell # (____) _____

Work Phone (____) _____ Student ID# or SS# _____

Marital Status: single married separated divorced widow

Residence: live with parents live with spouse alone other

Names and Ages of Children: _____

Program of Study at OTC _____ Expected Graduation Date _____

College Activities and/or Honors _____

Community/Church Activities (Volunteer Work) _____

List in chronological order the high school(s) and post-secondary schools/colleges that you attended beyond middle school. Give degrees/diplomas earned.

| <u>School/College Name</u> | <u>Address</u> | <u>Degree/Diploma</u> |
|----------------------------|----------------|-----------------------|
| | | |
| | | |
| | | |

Current quarter class schedule:

| Class | Time | Room | Days | Instructor |
|-------|------|------|------|------------|
| | | | | |
| | | | | |
| | | | | |

What do you plan to do after graduating from OTC? What are your long-term career goals?

Have you applied for College Work Study? Yes _____ No _____

Please list amounts of any of the following you currently receive or will receive:

\$ _____ Pell Grant (Quarterly) \$ _____ WIA (Quarterly)
\$ _____ HOPE (Quarterly) \$ _____ VOC Rehab (Quarterly)
\$ _____ VA Benefits (Quarterly) \$ _____ Worker's Comp. (Monthly)
\$ _____ Work Study (Weekly) \$ _____ Student Loans (Yearly)
\$ _____ AFDC/FS (Monthly) \$ _____ Unemployment (Monthly)
\$ _____ Child Support (Monthly) \$ _____ Other (Monthly)
\$ _____ Social Security/Disability (Monthly)
\$ _____ Retirement (Monthly) \$ _____ Scholarships (Satilla Regional Health Foundation, etc.)

Please explain any other income you receive to attend college (parents, etc.). _____

Please answer the following questions in order for the scholarship committee to determine if you qualify for specific scholarships.

1. Where do you work? _____
2. Average Weekly Earnings (take home) \$ _____
3. Where does your spouse work? _____
4. Spouse's Average Weekly Earnings \$ _____
5. Have you ever received the Satilla Health Foundation Scholarship?
() Yes () No
 - If yes, what award amount do you/did you get each quarter? _____
 - ...and what is/was your total award amount? _____
6. Do you currently or have you ever received the Toolbox Scholarship?
() Yes () No
7. Do you currently receive any other scholarship money?
() Yes () No
 - If yes, please explain. _____
8. Have you ever received a scholarship (from OTC or from any other college)?
() Yes () No
If yes, name of scholarship and total amount awarded _____
9. Have you received your acceptance letter from a healthcare program at OTC?
() Yes () No

10. Are you a Satilla Health Services employee or the child of a Satilla Health Services employee?
 Yes No
If yes, please explain. _____

11. Are you a volunteer of the SRMC auxiliary or are you related to a SRMC auxiliary volunteer (past or present)?
 Yes No If yes, please explain. _____

I certify this information to be true to the best of my knowledge, and I hereby give permission for disclosure of records to the Okefenokee Technical College Foundation internal staff members, selection committee members, trustees and other staff.

Student Signature _____ Date _____

**Please respond to the following statements in a short essay (one-page or less).
Attach your essay to this application.**

1. Describe yourself, your background, and why you selected Okefenokee Technical College to continue your education.
2. Explain your reasons for seeking a scholarship and how you would use the money.

THE FOLLOWING STATEMENTS MUST BE SIGNED BY THE APPLICANT.

In the event that I am awarded the scholarship, I agree to attend Okefenokee Technical College. I declare that the information reported is true, correct, and complete. I accept the terms of the above agreement and agree for my name to be listed as a scholarship recipient. I also agree to allow the scholarship committee to review my transcript for decision purposes.

I authorize the release of my transcript to the scholarship committee to review for the purpose of evaluating this scholarship application.

Signature of Applicant

Date

NEWS RELEASE STATEMENT

I, the undersigned, do hereby give permission to Okefenokee Technical College and the Okefenokee Technical College Foundation to use my name and/or photograph picturing or naming me as a recipient of this or any other scholarship and/or in a school/work related situation.

Signature of Applicant

Date

Submit completed application and essay to Cindy Tanner or Shaylyn Johnson in Room 319.

Cindy Tanner, Executive Director
Okefenokee Technical College Foundation
1701 Carswell Avenue
Waycross, GA 31503
(912) 287-5829
FAX (912) 338-5300