

SANTA ROSA MEDICAL CENTER AUXILIARY SCHOLARSHIP

Thank you for considering the Santa Rosa Medical Center (SRMC) Auxiliary Scholarship as a resource to assist you with achieving your educational goals. The Auxiliary is made up entirely of volunteers. The funds for the scholarship are received from various services for the sole purpose of assisting students who are seeking to further their education at the post-secondary level in fields that support the medical industry.

The scholarship is needs based with academic and community involvement being factors in the decision-making process. Historically, several individual scholarships are awarded each year. The process is divided into four parts: 1) application 2) review 3) interview and 4) selection. Applicants selected for an interview will be contacted via email or telephone to schedule a face to face interview with the selection committee. All applicants will receive an email about their status after the selection and award process has been completed (prior to the end of the current academic year). Should you have any questions, please send a facsimile to: 850-626-5083.

Please ensure you complete the application in its entirety and follow the submission directions (including letters of recommendation). Applications must be received or postmarked by April 15, 2022

Thank you for considering our scholarship.

**SANTA ROSA MEDICAL CENTER AUXILIARY
SCHOLARSHIP APPLICATION-NEW APPLICANTS
2022-2023**

Name: _____

Applicants E-Mail Address: _____

Home Phone: _____ **Cell Phone:** _____

Home Address: _____
Street City State Zip Code

Current or Most Recent Employer: _____

Address: _____
Street City State Zip Code

Your Martial Status: _____ **Your Number of Dependents:** _____

Parent's Marital Status: _____ **Number of Dependents:** _____

Parents' Names: Mother: _____ **Father:** _____

Mother's Address: _____
Street City State Zip Code

Father's Address (if different): _____
Street City State Zip Code

Father's Employer **Father's Occupation**

Mother's Employer **Mother's Occupation**

APPLICANTS' EDUCATION:

High School Attended	Year Graduated or Highest level Completed	GPA
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Have you been accepted into a trade school/college/university? Circle one: YES NO

If yes, what is the name of the school? _____

If yes, provide a copy of the acceptance letter.

What do you plan to study (what will be your major)?

If you have been accepted or are currently attending a trade school/college/university, list them below. If you have not been accepted, list the institution you have applied to and your expected major:

College/University/Trade School	Location	GPA (only if currently attending)
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List school activities, community activities and/or organizations in which you have participated. Include any offices held in local, state or national organizations. Also, include activities in the healthcare field.

GENERAL INFORMATION AND EDUCATIONAL PLAN

Why are you interested in the Santa Rosa Medical Center Auxiliary Scholarship?

How will receiving this scholarship impact you, your family, and your educational goals?

Amount of tuition needed per semester/term: _____

List grants and/or scholarships and amounts that you have been awarded for upcoming year 2022-2023.

Award Name	Amount Award
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Award Name	Amount Award
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Award Name	Amount Award
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Award Name	Amount Award
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How did you learn of this scholarship program? _____

If employed by Santa Rosa Medical Center are you taking advantage of the reimbursement program? Circle one: Yes No N/A

On the lines below, please write a paragraph of general information about yourself. If there is not enough space, you may attach an additional page.

LETTERS OF RECOMMENDATION

You must submit a letter of recommendation from three (3) non-family adults who are aware of your qualifications for a scholarship and have agreed to be contacted as a reference on your behalf. The letter must contain the following information: name, address, job title, and phone number of the person writing the letter. (Suggestions: school principal; teacher; religious leader, Boy or Girl Scout Leader; 4-H Leader or other similar volunteer leaders; physician; or current work supervisor.) The letters of recommendation must be attached to the application and postmarked no later than April 15, 2022. Mail directly to:

**Santa Rosa Medical Center Auxiliary
Scholarship Committee
6002 Berryhill Road
Milton, FL 32570**

Applications should be submitted any of three ways: 1) Mailed to the address above; 2) Hand delivered to the Front Desk at the Santa Rosa Medical Center; 3) Fax to 850-626-5083. Only completed applications received by 5 pm on April 15, 2022 will be considered.

Please review and (check off) the checklist below to confirm your application packet is complete.

- Completed and signed application.**
- 3 signed letters of recommendation.**
- Copy of FAFSA verification.**
- Acceptance letter, if applicable,**

Your signature below confirms all the information provided in your application is true and accurate. If it is determined that any information is false, your application may be removed from consideration.

Applicants Signature

Date