

**Carolyn S. (Betty) McCormick  
Scholarship Application  
2012**



Sponsored by the  
Bryan W. Whitfield Memorial Hospital  
Auxiliary

## **BRYAN W. WHITFIELD MEMORIAL HOSPITAL AUXILIARY CAROLYN S. (BETTY) MCCORMICK SCHOLARSHIP PROGRAM**

The Bryan W. Whitfield Memorial Hospital Auxiliary wishes to encourage the active pursuit of education, particularly in healthcare related fields. To this end, the Auxiliary has developed the Carolyn S. (Betty) McCormick Scholarship Program to support and encourage the acquisition of education in the field of healthcare and to meet future human resources needs of the Tombigbee Healthcare Authority.

### **ELIGIBILITY**

The Auxiliary may award up to \$1,500 annually in financial assistance to children or grandchildren of employees of the Tombigbee Healthcare Authority who wish to pursue education in the field of healthcare, without regard to race, color, creed, or national origin. Children and grandchildren of THA employees who apply for this scholarship, may not apply for any other Bryan Whitfield Memorial Hospital Auxiliary sponsored scholarship.

Any individual who is a graduating high school senior or above may apply for the Carolyn S. (Betty) McCormick Scholarship from the Auxiliary as long as their chosen field of study is within the healthcare professions. The applicant must provide proof of relationship to a THA employee. The applicant must possess a high school education or equivalent GED or other qualification relevant to the field of study applicable. The applicant must provide proof of residency in either of the following counties: Marengo, Sumter, Hale, Choctaw, Perry, Greene, and Clarke.

The Auxiliary reserves the right to deny, limit, or otherwise reject the application of any individual who, in the opinion of the Auxiliary Executive Committee, has failed to demonstrate acceptable academic performance in previous educational endeavors and meet all criteria, standards, and expectations relevant to the selection process. The Auxiliary reserves the right to require immediate complete refund of disbursed funds if, after receiving the scholarship, the applicant drops out of school or changes their field of study to a non-healthcare related field.

### **SELECTION OF SCHOOLS**

The BWWMH Auxiliary recognizes the right of individuals to select the school that he/she wishes to attend. However, the BWWMH Auxiliary reserves the right to deny, limit, or otherwise reject applicants who wish to attend schools which are not accredited or which, in the experience of the Tombigbee Healthcare Authority, have been found to have high rates of failure on licensure examinations or a high rate of failure among students.

### **DISBURSEMENT OF FUNDS**

The disbursement of funds for scholarship students shall be limited to tuition, books and lab fees. These shall be paid directly to the institution in which they are enrolled pursuant to receipt of an official itemized billing from that institution.

### **APPLICATION PROCESS**

Applications for scholarships may be obtained from the Director of Volunteer Services of the Tombigbee Healthcare Authority, Monday through Wednesday, from 8:00 a.m. to 3:00 p.m. Applications **must** include the following:

- ◆ Application form
- ◆ A letter of acceptance from the accredited school you plan to attend
- ◆ Transcripts of grades from high school, or in the event the applicant has attended college, college transcripts. All transcripts must be official documents.
- ◆ A copy of your ACT scores.
- ◆ Three letters of reference from individuals other than relatives. Employers, teachers, pastors, etc., are considered acceptable references. These must be **forwarded directly from the reference to our office**. DO NOT include these with your application.
- ◆ A resume
- ◆ Proof of residence
- ◆ A brief paragraph regarding career goals, as outlined on the application
- ◆ Proof of Household Income
- ◆ Current reproducible photograph, as well as current photo identification.
- ◆ Proof of relationship to THA Employee

**Applications must be entirely complete. Upon completion, the application is to be returned by 3:00 p.m. on March 1, 2012 or postmarked no later than March 1, 2012** to the Director of Volunteer Services. Incomplete and/or late applications will not be considered for a scholarship. The Auxiliary is not responsible for lost or late mail.

The decision of the BWWMH Auxiliary Scholarship Committee in regard to awarding of a scholarship shall be final in all cases. The applicant to whom a scholarship is awarded will be notified by mail by the BWWMH Auxiliary Executive Committee and will be awarded their scholarship in a ceremony during National Volunteer Week in April. The Auxiliary reserves the right to reject any or all applications. All applications and supporting documentation become the property of the BWWMH Auxiliary and will not be returned.

**SCHOLARSHIP RECIPIENTS WILL BE ANNOUNCED ON OUR WEBSITE, [www.bwwmh.com](http://www.bwwmh.com), BY MARCH 31, 2012.**

**BRYAN W. WHITFIELD MEMORIAL HOSPITAL AUXILIARY  
CAROLYN S. (BETTY) MCCORMICK SCHOLARSHIP  
PROGRAM APPLICATION**

(PLEASE PRINT AND FILL IN ALL BLANKS)

I hereby apply to the Bryan W. Whitfield Memorial Hospital Auxiliary for a Carolyn S. (Betty) McCormick Scholarship to assist with the payment of my educational expenses while pursuing studies to complete requirements to become a \_\_\_\_\_.

PERSONAL DATA:

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of parent/grandparent who is an employee of the Tombigbee Healthcare Authority: \_\_\_\_\_

Department in which the above is employed: \_\_\_\_\_

Relationship to the above (check one): \_\_\_\_\_ child \_\_\_\_\_ grandchild

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you live with your parents? \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a high school graduate? \_\_\_\_\_ Year graduated: \_\_\_\_\_ Class Standing: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a college graduate? \_\_\_\_\_ Year graduated: \_\_\_\_\_ Class Standing: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

Address: \_\_\_\_\_

How many residents of your household will be attending college next year? \_\_\_\_\_

List three (3) references (do not list relatives):

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ACADEMIC DATA:

Name of Professional School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

MISCELLANEOUS (**PLEASE NOTE, WHETHER YOU HAVE APPLIED PREVIOUSLY OR NOT, ALL OF THE FOLLOWING INFORMATION IS REQUIRED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE**):

Attach a letter of acceptance from the accredited school you plan to attend.

- ◆ Attach a resume.
- ◆ In a brief paragraph (100-150 words) describe why you have chosen healthcare as a career, and why you feel you should be considered for the Carolyn S. (Betty) McCormick Scholarship.
- ◆ Attach a certified transcript of high school and/or college grades, diploma, and M-CAT or other applicable scores.
- ◆ Attach a copy of your ACT scores.
- ◆ Attach proof of residence.
- ◆ Attach a current reproducible photograph, as well as current photo identification.
- ◆ Attach proof of household income.
- ◆ Attach proof of relationship to the THA employee mentioned above.
- ◆ Mail completed application and supporting documentation, as well as have 3 letters of reference **forwarded directly from the reference** :

Director of Volunteer Services  
Bryan W. Whitfield Memorial Hospital Auxiliary  
P.O. Box 890  
Demopolis, AL 36732

The above items have been completed and are true and correct.

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

Address: \_\_\_\_\_

\_\_\_\_\_

