

Carolyn S. (Betty) McCormick 2022 Scholarship Application

Sponsored by the
Whitfield Regional Hospital Auxiliary

**Applications must be completed in full before submission. All applications
MUST BE RECEIVED by 3:00 p.m. April 25, 2022, in the office of the Auxiliary
Liaison. Incomplete and/or late applications will not be considered for a scholarship.
The Auxiliary is not responsible for lost or late mail.**

WHITFIELD REGIONAL HOSPITAL AUXILIARY CAROLYN S. (BETTY) MCCORMICK SCHOLARSHIP PROGRAM

The Whitfield Regional 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 WRH 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 Whitfield Regional 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 applicable field of study. 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 WRH Auxiliary recognizes the right of individuals to select the school that he/she wishes to attend. However, the WRH 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 online at www.bwwmh.com; Whitfield Regional Hospital's Facebook page; or from the Auxiliary Liaison of the Tombigbee Healthcare Authority, Monday through Thursday, 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. Photos become the property of WRH Auxiliary but will be returned if a self-addressed, stamped envelope is included with application.
- ◆ Proof of relationship to THA Employee (birth certificate)

Applications must be entirely complete and submitted to the office of the Auxiliary Liaison at Whitfield Regional Hospital on or before 3:00 p.m. April 25, 2022. 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 WRH 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 WRH Auxiliary Executive Committee. The Auxiliary reserves the right to reject any or all applications. All applications and supporting documentation become the property of the WRH Auxiliary and will not be returned. **SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED BY APRIL 29, 2022.**

**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 Whitfield Regional Hospital Auxiliary for an Emmett and Carolyn Clinkscales Scholarship to assist with the payment of my educational expenses while pursuing studies to complete requirements in _____

_____ to become _____
(enter what profession you wish to pursue in this blank).

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

Name of Father or Legal Guardian: _____

Address: _____ Phone: _____

Name of Mother or Legal Guardian: _____

Address: _____ 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. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.)

- ◆ 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 or, in the event the applicant has attended college, college transcripts, diploma(s), 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. Photos become the property of WRH but will be returned if a self-addressed, stamped envelope is included with your application.
- ◆ 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 three (3) letters of reference **forwarded directly from the reference to:**

Auxiliary Liaison
 Office of Administration
 Whitfield Regional Hospital Auxiliary
 P.O. Box 890
 Demopolis, AL 36732

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

Signature: _____

Date: _____

Address: _____

