

# **EAST ALABAMA MEDICAL CENTER**



## **Auxiliary Scholarship Program Application Packet**



## **AUXILIARY SCHOLARSHIP PROGRAM AGREEMENT**

**In pursuing this scholarship, please understand you are agreeing to the following:**

- Provide accurate academic records to the Health Resource Center throughout program. If grade requirements are not met, the scholarship may be revoked.
- Maintain appropriate behavior as both a student and employee. Practices that are considered fraudulent will not be tolerated, including but not limited to HIPPA violations, inappropriate or unprofessional postings on social media platforms, alteration of grade reports, discrepancies in reimbursement requests, taking courses that are not required, etc. Any scholarship recipient involved in a disciplinary action may have his or her scholarship revoked.
- Some information contained in this application may not pertain to Auxiliary Scholarship recipients.
- There is no work-off or employment expectation associated with an Auxiliary Scholarship.



## AUXILIARY SCHOLARSHIP PROGRAM INSTRUCTIONS

Thank you for your interest in the East Alabama Medical Center Auxiliary Scholarship program. Please read the following instructions carefully to ensure proper processing of your application. Applications may be disqualified if the following instructions are not followed and complete.

**☐ Scholarship Program Application:** Complete ALL information on the official Scholarship application. The same application is used for both current employees and external candidates. Type or print all information (handwritten cursive applications will be disqualified). No partial applications will be accepted.

**☐ Institution Contact Form:** Must be completed by your academic advisor from the college at which you are attending or plan to attend. If you are applying to multiple schools, please include signed forms from each school. Be sure to include number of credits required for you to complete program and cost estimate of required tuition, books, and fees for the program to which you are applying.

**☐ Letters of Reference:**

(a) If you are not an EAMC employee - you must submit a professional letter of reference from your most recent employer. If you have no previous employment, you may use a personal reference.

(b) ALL applicants must also submit a personal letter of reference from someone who can attest to his/her character (NOT a relative).

**☐ Resume:** Submit a current, typed resume. Include work/school history.

**☐ Essay:** Include an essay describing your motivation, need (financial or otherwise), leadership experiences, and academic accomplishments. Describe special talents, creative or challenging activities you have initiated, or obstacles you have overcome to achieve your goals. Across the top of the page, type your name and full address in a single line. Essays should be one full page in length, single or double-spaced, use 10-12 point, Times New Roman font, or one that is comparable.

**☐ Authorization for Release of Financial Information Form:** Complete this form along with your signature. Your application will not be complete unless this form is signed.

**☐ Transcripts:** Transcripts must be requested from all universities attended. These are sent directly to Health Resource Center c/o Scholarship Committee, 2027 Pepperell Parkway, Opelika, Alabama 36801. If you have never attended college, or are a recent graduate of high school, send high school transcripts directly to the Health Resource Center.

**☐ Program of Study:** Include the program of study and/or curriculum of your major course of study (this is the list of all required courses). On the program of study and/or curriculum, please indicate courses previously completed.

**☐ Acceptance Letter:** Enclose the acceptance letter for the professional phase of your program. If you have not been accepted, explain the status of your application. There are some programs that do not require acceptance, and therefore require no such letter of verification.

**Interviews:** When an application is accepted, candidates are notified by telephone or letter of the interview date and time.



## **AUXILIARY SCHOLARSHIP PROGRAM APPLICATION DEADLINES & PROCESS TIMELINE**

### **Application Deadlines**

- **Spring/Summer Semester:** First Friday of October (no later than 4:30 pm)
- **Fall Semester:** First Friday of May (no later than 4:30 pm)

Please submit all applications to the Health Resource Center. Only complete application packets will be eligible for consideration at that time.

### **Application Process Timeline**

**Weeks 1 & 2:** Applications reviewed

**Weeks 3 & 4:** Selection/scheduling of approved candidates for Target Interview  
(two-hour interview process)

**Week 5:** Candidate selection by committee

**Weeks 6 & 7:** Notification of results via letter

Date

**AUXILIARY SCHOLARSHIP PROGRAM APPLICATION**

**Applicant Contact Information**

Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>	Marital Status <input type="text"/>
Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Home Phone <input type="text"/>	Cell Phone <input type="text"/>	Email <input type="text"/>	SSN <input type="text"/>
Name of Spouse (if married) <input type="text"/>		Spouse's Place of Employment <input type="text"/>	
Spouse's Position <input type="text"/>		Address of Employer <input type="text"/>	
Parent or Guardian's Name (If under 18 yr. of age) <input type="text"/>		Address of Parent/Guardian <input type="text"/>	

**Academic Information**

High School Attended <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
HS Graduate: Yes    No	GED: Yes    No	Date of Graduation or Completion: <input type="text"/>	
College(s) Attended/Degree/Address: <input type="text"/>			
		GPA	Graduate: Yes    No
<input type="text"/>		GPA	Graduate: Yes    No
Other School(s) Attended: <input type="text"/>			

**Scholarship Request Information**

Program: <input type="text"/>	Degree: <input type="text"/>
Name of School: <input type="text"/>	Campus/City: <input type="text"/>
Date Program Begins: Semester <input type="text"/>	Year <input type="text"/>
Application Status <input type="text"/>	
Anticipated Date of Graduation: Semester <input type="text"/>	Year <input type="text"/>



## AUXILIARY SCHOLARSHIP PROGRAM APPLICATION Financial Aid and Employment Information

Are you receiving other financial aid: Yes No If yes, what type:

Have you ever received a scholarship from EAMC: Yes No

Are you currently employed at EAMC: Yes No Date of Hire:  Employee ID:

Have you ever been employed at EAMC: Yes No

If yes: Position  Department

If no: Employer  Address

Position  Department

Are you a resident of the state in which you will be attending school? Yes No

If you would like special consideration based on financial need, please check here and submit the most recent copy of your IRS W2 Form; or if you are claimed as a dependent, please submit that person's most recent IRS W2 Form.

### Reference Information

List three references, other than relatives. These should include one instructor, if you have had a clinical course, one employer, if you are working or have worked, and one other.

Name	Title/Company	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: Applicants must provide official copies of all high school and or college transcripts. These must be mailed directly to EMAC from the registrar's office of each school. Mail to: Health Resource Center, Attn: Scholarship Committee, 2027 Pepperell Parkway, Opelika, AL 36801.**

*This program offers equal opportunity to students regardless of race, creed, color, sex, age, religion, or national origin.*

**By signing this application, the applicant confirms all information submitted is true and verifiable.**

Applicant Signature:  Date:



## AUXILIARY SCHOLARSHIP PROGRAM APPLICATION

### Required Essay

Describe your motivation, need (financial or otherwise), leadership, and academic accomplishments. Include special talents and creative or challenging activities you initiated or obstacles you overcame to achieve your goals, and your career goals after obtaining this degree/certification. Type full name and address in a single line across the top of the page.

Essays must be no longer than one page, font size 10 or 12, Times New Roman or equivalent, and single or doublespaced.

**Name and Address**



## Institution Contact Form EAMC Auxiliary Scholarship Application

*Please complete this form in its entirety. Incomplete forms may result in your application being rejected.*

**Applicant Name (please print):**

**Date:**  **SSN (last 4):**

**Name of School:**  **Program of Study :**

I have reviewed the requested program of study to obtain a degree/certification in \_\_\_\_\_ with the applicant. The applicant discussed with me his/her ultimate career goals, prior academic performance, the feasibility of attendance of classes, and requirements of the program of study to obtain the degree/certification that he/she is requesting. There is congruency with the requested degree and the expected graduation date indicated by the applicant on the scholarship application form.

**Expected Start Date:**      **Semester**       **Year**

**Expected Date of Graduation:**      **Semester**       **Year**

**Credits to Complete Program:**

**Cost Estimate of Desired Program:**

Required Tuition	<input style="width: 150px; height: 20px;" type="text"/>
Required Textbooks	<input style="width: 150px; height: 20px;" type="text"/>
Required Fees	<input style="width: 150px; height: 20px;" type="text"/>

**Total Estimated Cost of Program:**

**Signature of Institution Representative/Academic Advisor:**

**Release of Information:**

I give (college/university) \_\_\_\_\_ permission to release information regarding my program of study, clinical and classroom performance to East Alabama Medical Center's Scholarship Program Coordinator.

**Signature of Scholarship Applicant:**

**Date:**