

HELPING HANDS SCHOLARSHIP

Scholarship Criteria and Release Form

Baptist Health Care is an equal opportunity employer and has a strong commitment to diversity. Every opportunity will be made to ensure scholarships are granted to those most deserving. Scholarships will be managed by the Helping Hands Committee and the Baptist Health Care Foundation office.

Scholarships will be awarded to those that meet the following criteria:

- Candidates must be enrolled in an educational program vital to the health care needs of Northwest Florida/South Alabama.
 - Qualified candidates must attend schools in the Northwest Florida/South Alabama area (if the necessary degree is offered in the Northwest Florida/South Alabama area).
 - Qualified candidates must be from the Northwest Florida/South Alabama area.
 - Scholarships are awarded based on a combination of the following: academic excellence, financial need, demonstrated aptitude, and health care areas of critical need.
 - If already employed at Baptist Health Care, candidates must be in good standing.
- Scholarships are open to employees, their dependents, and residents of the community.

Scholarship Release Form

I understand that Baptist Health Care is committed to being a Drug-Free Workplace and an Equal Opportunity Employer. Therefore, scholarship opportunities will be awarded without regard to race, color, religion, national origin, disability, marital status, and/or any other status protected by law.

I further understand that this scholarship application is only active for one year, after which I must reapply if I would like to be considered for scholarships again.

I certify that the information provided by me on the attached application is correct and complete.

Signature: _____ Date: _____

Print Name: _____ SS Number: _____

Post Office Box 17500 • Pensacola, Florida 32522-7500 • Phone (850) 469-7906 • Fax (850) 469-7895

HELPING HANDS Scholarship Scholarship Application Form

PRINT (in ink) or **TYPE** the following information:

APPLICANT INFORMATION:

Are you employed now? YES NO Employer: _____

Occupation/Position: _____

Do you have family members employed by Baptist Health Care? YES NO

Name of Department: _____ Phone Number: _____

Are you a student now? YES NO

IF YES, where are you enrolled? _____

If you are a current student, do you also work: PART TIME FULL TIME

Employer: _____ Position: _____

Estimated income last year? \$ _____ (MUST INCLUDE INCOME TAX RETURN!!)

Are you head of household? YES NO Number of Dependents: _____ (Ages) _____

Occupation of Parent/Spouse: _____ Employer: _____

Estimated amount of parent/spouse annual support for your education: _____

Are you receiving any other scholarship and/or financial assistance? YES NO

IF YES, what kind? _____

Have you completed the FAFSA form? YES NO *Be prepared to provide a copy if asked.*

EDUCATION

HIGH SCHOOL (please include a copy of transcript if you don't have a College Transcript):

High School: _____ State: _____ Graduation Date: _____

GED: (Yes) _____ (No) _____ GED State: _____ GED Year: _____

COLLEGE (INCLUDE COPY OF TRANSCRIPT SO FAR): Estimated Current GPA? _____

Name of college: _____ Dates attended: _____

Date you began (or will begin) Program: _____ What Degree?: _____ Grad. Date: _____

CAREER GOAL: _____

REFERENCES (to be from current or previous employer and/or former or present teacher):

NAME	ADDRESS (City & State)	PHONE
1.	_____	
2.	_____	
3.	_____	

Briefly describe below how your specific degree will be used in health care.

