

*Auxiliary
of
Doctors Hospital*

*Scholarship
Committee
Information
2014*

Auxiliary of Doctors Hospital Scholarship Fund May 2014

The Scholarship Fund of the Auxiliary of Doctors Hospital was developed by the Auxiliary Board of Directors in 1969. It was created to provide higher educational opportunities for worthy students in financial need intending to pursue careers in a healthcare field at a College/University or Vocational Technical Institute.

Students must be a senior in a Sarasota County school, and have at least a 3.0 unweighted grade-point average and demonstrate financial need. Applications will only be considered if the applicant's parent's adjusted gross income does not exceed \$80,000.00.

A dollar amount will be budgeted using the February financial report to determine the scholarship allocation for the current year. "Cash on Hand" and any allowable certificates of deposits will reflect the actual money available. Funds earned by the Auxiliary from March through August will be the beginning operating expenses for the new fiscal year

The percentage of annual funds for scholarship allocation will be distributed as follows and in this priority:

1. 95% Secondary school students pursuing a career in the healthcare field
2. 5% Hospital employees attending conferences or seminars

Auxiliary of Doctors Hospital “Health Careers Scholarship”

The “Health Careers Scholarship” of the Auxiliary of Doctors Hospital was created by the Auxiliary Board of Directors in 1969 to provide higher educational opportunities for worthy students in financial need intending to pursue careers in a healthcare field.

Eligibility/ Deadlines

Pupil Support Services will distribute applications to high school guidance offices at the beginning of January.

Student must major in a health-related field at a college/university or vocational-technical center, show evidence of financial need, have an 3.0 unweighted GPA.

Parent’s adjusted gross income may not exceed \$80,000.00.

Student must be a senior in a Sarasota County school.

Completed application must be returned to the Auxiliary of Doctors Hospital and postmarked by April 1.

Schools Eligible to Participate

All schools in Sarasota County, both public and private, and Sarasota County Technical Institute. Doctors Hospital of Sarasota teen-age volunteers are not required to attend a Sarasota County school.

How Awarded/ Amount

1. Scholarships are awarded one time and are not renewable.
2. Scholarship amounts vary from year to year depending upon the availability of funds, and are available for college related expenses.
3. Awards will be given to:
Worthy students in financial need and students with high academic standing.
4. Scholarship recipients will be notified during the first week in May.
5. An Award Ceremony will be held in May.
6. Scholarship checks will be made payable to the educational institution only. Correct school address should be included in the application.

Application Process

Student receives application from high school guidance office; online at www.doctorsofsarasota.com or at the Front desk of Doctors Hospital of Sarasota. Completed applications must include the following:

1. Copy of transcript.
2. Copy of student’s official SAT/ACT score report.

3. Report from guidance counselor.
4. Letter of recommendation from guidance counselor or teacher.
5. Copy of acceptance letter from college or university. Include your college ID number.
6. Student essay. Essay should show clarity, strength and determination to achieve a healthcare degree.
7. A signed and dated copy of the parent's current 1040 Income Tax return.
8. List of extra-curricular activities in school and community, volunteer work or employment.
9. Photo

Contact Person: (941) 342-1003

Scholarship Committee, Auxiliary of Doctors Hospital of Sarasota
 5731 Bee Ridge Road, Sarasota, FL 34233

“Health Careers Scholarship” Application

DATE: _____ HIGH SCHOOL: _____

NAME: _____ AGE: _____
 First Middle Last

ADDRESS: _____ ZIP: _____ PHONE: _____
 Street City

ALTERNATE PHONE NUMBER (VERY IMPORTANT): _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ S.S.# _____ COLLEGE ID # _____

What Career do you intend to pursue? _____

College/Vocational Technical Center accepted by and address: _____

Estimated total cost of schooling per year: _____

List on a separate sheet extra-curricular activities in school and the community. Include medical and health related internships, volunteer work and employment.

Savings for college: \$ _____

Father's Occupation _____ Annual Earnings _____

Mother's Occupation _____ Annual Earnings _____

List siblings (including ages) in family and indicate those presently in college:

Please indicate if your parent or grandparent is affiliated with Doctors Hospital (name & department) _____

List other scholarships (including Bright Futures) you are applying for: _____

CHECK LIST FOR STUDENTS

***In order to be eligible, application must include all of the items below at the time it is submitted. Completed application must be postmarked by midnight April 1.**

1. Must have at least an unweighted 3.0 Grade Point Average.
2. Copy of transcript.
3. Copy of Student's official SAT/ACT score report
4. Copy of college acceptance letter. Include your college ID number.
5. One page essay stating your major and why you wish to attend college and why you need financial assistance.

6. A signed and dated copy of the parent's current year 1040 Income Tax. Parent's adjusted gross income may not exceed \$80,000.
7. Report from Guidance Counselor.
8. Letter of recommendation from Guidance Counselor or teacher.
9. List of extra-curricular activities in school and community, volunteer work and employment.
10. Photo

Return completed application to:

Scholarship Committee

Auxiliary of Doctors Hospital

5731 Bee Ridge Road

Sarasota, FL 34233

Please give the name of a reference in the community.

REFERENCE: _____

ADDRESS: _____ PHONE: _____

Signature of Parent or Guardian

Signature of Applicant

TO THE GUIDANCE COUNSELOR:

This student is applying for the Auxiliary of Doctors Hospital of Sarasota "Health Careers Scholarship". Your candid estimate of the applicant's performance, intellectual promise and qualities as a person will help the Scholarship Selection Committee in making their final decisions. The following questions are only guidelines. We are primarily interested in whatever you feel is important for us to know about the applicant. A copy of a report made to another institution or competition is perfectly acceptable, if you will complete this form and attach the copy to it.

(Please Print)

STUDENT'S NAME: _____

COUNSELOR'S NAME: _____

E-mail _____ Phone # _____

How long have you known the applicant? _____

This candidate ranks _____ in a class of _____ students.

What is the student's Grade Point Average to date _____ (unweighted)

What is the student's best combined SAT score: Math _____ Verbal _____

ACT score _____

What is your estimate of this student's chance for success in his/her chosen career?

EXCELLENT _____ GOOD _____ AVERAGE _____ BELOW AVERAGE _____

Please attach:

1. A copy of the student's transcript.
2. A letter of recommendation. Which includes: what are your impressions of the applicant's character, aims and values? Are there any special personal strengths, weaknesses, or problems about which we should be aware? What are the first words that come to mind to describe the personality of the candidate?

DATE _____ SIGNED _____ POSITION _____

SCHOOL _____

Please return this completed form, your letter of recommendation and transcript in a sealed envelope to the student applying for the scholarship. Student should submit completed application and this guidance report to:

SCHOLARSHIP COMMITTEE
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA
5731 BEE RIDGE ROAD, SARASOTA FLORIDA 34233