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.
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.
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