

**Brookwood Medical Auxiliary Inc.
2010 Brookwood Medical Center Drive
Birmingham, Alabama 35209**

Criteria For Healthcare-Related Scholarship Applicants:

Academic: Must be presently enrolled in college with a “B” or better grade point.

Personal:

1. No academic or social probations.
2. No criminal record, which would interfere with obtaining a licensure.
3. Permanent resident of the State of Alabama.
4. Scholarships are issued for one year of academic study. Recipients must submit a written request for consideration of renewal.
5. Applicants must be of high moral character and must be enrolled in an **undergraduate** program of health care-related studies in an accredited school within the state of Alabama.

In addition to an application, the following paperwork must be submitted in order to be considered for a scholarship:

1. A short typed essay to give the Scholarship Committee some insight about you personally and why you are applying for this scholarship.
2. Letter of recommendation from faculty member.
3. Letter of recommendation from Financial Aid Officer.
4. Letter of recommendation from at least one other reference. This reference may be from the applicant’s school, place of employment, church, or any other organization.
5. **Official** transcript from school presently attending.

The completed application, letters of recommendation, your essay and official transcript must be in the office of the Brookwood Medical Auxiliary, Inc. by May 31. Please fill out the application checking to make sure you have completed all areas, and that it is accurate and neat. It is the applicant’s responsibility to make sure that all items listed above are received along with the application before they will be considered for a scholarship. Recipients will be notified of their scholarship amount by mail and payment will be made directly to the Financial Aid Office of the recipient’s school. These funds may be applied only towards the cost of tuition, books, and items required for major courses.

**Brookwood Medical Auxiliary, Inc.
2010 Brookwood Medical Center Drive
Birmingham, Alabama 35209
(205) 877-5140**

**Application Form
For Healthcare-Related Scholarship**

NAME: _____ SS# _____

PERMANENT ADDRESS: _____
(Street)

(City) (State) (Zip Code)

TELEPHONE NUMBER: () _____ - _____

EDUCATION: (List name of schools and dates attended)

High School _____ From _____ To _____ GPA _____

Business School _____ From _____ To _____ GPA _____

Nursing School _____ From _____ To _____ GPA _____

College _____ From _____ To _____ GPA _____

GED Equivalency _____ From _____ To _____ GPA _____

Other _____ From _____ To _____ GPA _____

ARE YOU EMPLOYED? _____ IF SO, WHERE? _____

NAME OF EMPLOYMENT SUPERVISOR: _____

List any jobs and/or volunteer work in the medial field you have held:

Please list any scholarships or financial assistance you will be awarded for next year:

_____ Amount \$ _____

_____ Amount \$ _____

Other Funds (if any) _____

Attach a short typed essay to give the Scholarship Committee some insight about you personally and why you are applying for this scholarship

Your application will not be considered without an essay.

Signature: _____ Date: _____

***Note:* Please refer to Criteria for Scholarship Applicants. Application, official transcript from the last school attended, essay and letters of recommendation must be received by May 31 to be considered for a scholarship.**