

East Alabama Medical Center Auxiliary Nursing Scholarship Information

The EAMC Auxiliary provides a two-year nursing scholarship. The selected candidate may receive up to four awards of \$1,000 to be applied to the cost of tuition, books or uniforms.

Applicants must already be accepted into a valid nursing program at an Alabama post-secondary school and be able to show proof of acceptance into the program. Applicants may have fewer than four semesters remaining in their course of study. Candidates in basic or advanced nursing programs will be considered.

The selected candidate must maintain appropriate grades. If a student is not allowed to remain in the nursing program, the scholarship funds must be returned. Selected candidates accept the scholarship with the guarantee that they will work one (1) year at EAMC upon graduation (pending job opening). Otherwise, they must repay the funds they received from EAMC Auxiliary Scholarship Program.

Interviews will be conducted in a timely fashion during the summer in order to be ready for fall semester.

Completed applications should be mailed to: EAMC Auxiliary Nursing Scholarship, c/o Mary Weaver, 2000 Pepperell Parkway, Opelika, AL 36801-5422, to arrive by **July 10**.

**East Alabama Medical Center Auxiliary
2000 Pepperell Parkway
Opelika, Alabama 36801-5422**

NURSING SCHOLARSHIP APPLICATION

Name _____ e-mail _____

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Cell phone # _____
(area code) number (area code) number

Date of birth _____ Age _____ Gender ___F___ M

Marital status _____ Name of spouse _____

Number of dependents _____ Ages of dependents _____

This information is used for statistical purposes only. We do not discriminate on the basis of gender, race, religion, or national origin in selection of scholarship recipients.

EDUCATION (Give names/locations of schools and dates attended; note degrees)

High school _____ From _____ to _____

Technical school _____ From _____ to _____

College _____ Degree _____ From _____ to _____

Nursing school _____ From _____ to _____

GED Equivalency _____ From _____ to _____

Are you employed? ___ If so, where? _____

List name and phone number of department head or employment supervisor as well as permission to contact _____ yes ___ no ___

REFERENCES

List three people other than relatives who have known you in the last 5 years; give their phone or cell numbers.

PERSONAL CAREER GOALS

AUTHORIZATION: I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I agree that the college, school or agency indicated has my permission to verify information. Furthermore, I will notify the recipient of this form of any significant changes in the information provided within.

SIGNATURE: _____
Applicant Date

ATTACHMENTS: Applicant may attach (must bring to interview) a copy of letter of acceptance to nursing school and a copy of last/recent transcript.

FOR USE ONLY BY THE SCHOLARSHIP COMMITTEE

Date of application _____ Date received _____

Evaluation date _____ Committee review date _____

School acceptance _____ Date _____

Approved _____ Not approved _____

Notification date _____ Per _____