



October 17, 2016

TO: Jennifer Moses, Counselor
Pell City High School
1300 Cogswell Ave. W
Pell City, AL 35125

FROM: Marion Frazier, Scholarship Chairman
St. Vincent's St. Clair Auxiliary
7063 Veterans Parkway
Pell City, AL 35125

Please find enclosed a master copy of the 2017 Scholarship application from the St. Vincent's St. Clair Auxiliary. Each scholarship awarded will be valued at \$3,000.00. The due date for a completed and postmarked application is February 15, 2017.

Please have an application copy available for any interested member of your senior class. If you have any questions or comments, please contact Barbara Beland, assistant to the chairman, at 256-268-2361.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Marion Frazier".

Marion Frazier, Scholarship Chairman

SCHOLARSHIP APPLICATION

Applicant's Name _____

A Complete Application must be Postmarked by

February 15, 2017

Mail To:

Scholarship Committee
%B. L. Beland
123 Lake Ridge Point
Talladega, AL 35160*If hand delivered, it must arrive on the deadline date by 4:00pm.*

NOTICE TO APPLICANT: Thoroughly read "Instructions to the Applicant".

.....
Action of the Scholarship Committee

_____Approved

_____Denied

This scholarship is awarded for the school year 2016-2017

St. Vincent's St. Clair Auxiliary

Scholarship Application

"Education is the key to the Future"

Application Deadline is February 15, 2017.

Recommendation Deadline is February 15, 2017

The St. Vincent St Clair Auxiliary is pleased to offer a \$3,000 scholarship to an undergraduate college student who shows superior academic achievement and exhibits financial need and seeks to pursue a career in the healthcare field. Throughout the applicant's college career, the applicant can make a scholarship application to only one of the St. Vincent's Health System Auxiliary Scholarships.

Selection of the recipient is the responsibility of the Scholarship Committee with members appointed by the Auxiliary. The scholarship will be granted based on the information included in the application filed with the committee. An applicant will be ineligible to receive scholarship if he/she is related to a member of St. Vincent's St. Clair auxiliary.

INSTRUCTIONS TO APPLICANT

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant and the applicant is required to give information as requested.
2. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is "none" or "not applicable" it should be so stated. If space is inadequate for some answers, use a separate sheet.
3. Answers must be legible.
4. In order to be considered an applicant must meet the following requirements:
 - a. Applicant must be a permanent resident of St. Clair County, Alabama.
 - b. Applicant must be enrolled or reenrolled in a program of health related studies in an accredited Alabama school.
 - c. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education shall be submitted.
 - d. Applicant must write an essay not to exceed 500 words on how this scholarship will be beneficial in furthering their educational objectives.

e. Scholarship recipient will obtain the following after being accepted by their chosen college:

- tuition statement from the school
- applicant's student number
- college's W-9 form

f. The above mentioned information (item #4-e) must be sent to:

Stephanie Ojeda
St. Vincent's Foundation
1 Medical Park East Drive
Birmingham, AL 35235

Any questions concerning item #4-e should be directed to Stephanie Ojeda at 205-838-6151 or e-mail her at Stephanie.ojeda@stvhhs.com.

g. Return the completed application with other required data and requested information to:

Scholarship Committee Chairman
c/o St. Vincent's St. Clair Auxiliary
123 Lake Ridge Point
Talladega, AL 35160

The application must be post marked no later than Feb. 15, 2017. Please answer all questions completely.

h. Include with the application the following:

*Completed (3) Reference Forms

One must be from a teacher, another from a school administrator and the third from a member of the community not associated with the school nor a relative. These must be mailed directly by the reference to the Scholarship Committee. *It is suggested the applicant follow-up with the reference to ensure they are mailed by the deadline.*

*An up-to-date high school transcript or college transcript of academic record, ACT, SAT or other appropriate college entrance exam score whether applicant is in high school or college.

*Financial statement of parents or guardians (if minor living at home). Include a letter of need to be written by the parent or guardian. If living on own or married, include your financial statement.

- i. Recipients must not have a criminal record which would interfere with obtaining a license, nor any other academic or social probation.
- j. Applicant shall agree that the uses of the scholarship shall be predicated on enrollment or continuance of education in a health care field of study, in a recognized and/or accredited school such as college, university, trade school, or business college. The approved funds shall be used for such purpose as tuition, fees, books, room or board. Any unused funds will be returned to the Scholarship Committee.
- k. Should a recipient require additional scholarship funds following the first year, the recipient must submit a current application request along with a transcript of current grades and documentation required of all applicants. All recipients are only eligible to receive a St. Vincent's St. Clair scholarship twice.
- l. Applications lost in the mail are not the responsibility of the scholarship committee.
- m. Consideration will be given to the students who have demonstrated dependable volunteer efforts by providing volunteer service to one of the St. Vincent's Health System hospitals.

List the following: Additional sheets may be used; for continuing applicants, list college information

Honors Received _____

Professional Societies: _____

Clubs or fraternities _____

Extracurricular Activities _____

Hobbies _____

Remember to include the following attachments:

- An up-to-date high school transcript or college transcript of academic record;
- ACT, SAT, or other appropriate college entrance exam score whether applicant is in high school or college;
- An essay not to exceed 500 words on how this scholarship will be beneficial in furthering your educational objectives.

CONFIDENTIAL FINANCIAL INFORMATION

Applicant's Name _____

Complete the following if a minor under the care of parents or guardians:

Father/Male Guardian's Occupation _____

Mother or Female Guardian's Occupation _____

*Income _____ Year _____ Total _____

The above should include Wages, Salaries, tips and compensation from Social Security, Veterans Benefits & Child Support

*Number of Dependents _____

*List any unusual expenses and amounts (i.e. sibling in college, catastrophis illness)

As a parent or guardian of the scholarship applicant listed above, I approve the release of the above figures and verify their authenticity.

Signature of Parent or Guardian

*If living _____ Mariried _____ Single (check correct answer)

*I verify this information to be accurate _____

Signature



SCHOLARSHIP APPLICANT REFERENCE FORM

PLEASE COMPLETE AND RETURN TO

Scholarship Committee
St Vincent's St Clair Auxiliary
B. L. Beland
123 Lake Ridge Point
Talladega, AL 35160

DEADLINE February 15, 2017

The Scholarship Applicant should forward this form to 3 different individuals as outlined in the instructions, who then will complete and mail to the Scholarship Committee by the deadline at the above address.

Scholarship
Applicant _____

Pertaining to the Applicant:

I have known this applicant for _____ years.

I believe the applicant's scholarship ability to be:

_____ Fair _____ Average _____ Good _____ Excellent _____ Superior

I believe the applicant's dedication to study to be:

_____ Fair _____ Average _____ Good _____ Excellent _____ Superior

I _____ would, _____ would not recommend the applicant for a scholarship because:

This Reference Form was completed and mailed by _____

My Profession is _____ *I am affiliated with* _____

Capacity in which I know the applicant _____

Signature _____ Day Phone Number _____



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