Scholarship Application notes for District Chairs, Auxiliary Presidents, Scholarship Chairs:

AHAA is making available annually to each district a $500 scholarship. Copies of the application are available via the district chairs or online at the AHAA and the AHA websites. Distribution is the responsibility of each auxiliary. The application is to be uniform throughout all districts.

Applicants should be prospective nursing, medical technology, or healthcare field students, entering their third semester and maintaining a minimum 3.0 (B) average during their first two semesters. Each auxiliary should review the applications and send their choice to their district chair. If there is more than one exemplary applicant, the auxiliary can send no more than two additional applications.

Applications should include a current transcript and at least two letters of recommendation. One should be from an area of work, and at least one attesting to the character of the applicant. Application form includes basic personal information, range of household income, work history, and space for any additional information not included in the form which the applicant wishes to convey to the committee. The form includes an essay written by the student, telling why they have chosen their health career field and additionally, explaining their need for the scholarship.

The district chair will assemble a scholarship committee by lottery, chosen from auxiliary presidents and/or scholarship chairs. There will be four members with the district chair having a vote only to break a tie.

Monies will be sent directly to the institution in which the student is enrolled. It is suggested that the auxiliary make a special presentation to the winning student, perhaps using a large facsimile.

When an auxiliary’s applicant wins the scholarship, that auxiliary is not eligible for consideration for three (3) years.
APPLICATION DEADLINES:

1. Local auxiliaries will distribute application forms no later than September 1. (The method of distribution is the prerogative of each auxiliary.)

2. Applications are due to the local auxiliary no later than October 15.

3. Selection from each auxiliary is due to their district chair no later than November 15.

4. District Scholarship Committee will announce winner and give appropriate information to state Treasurer no later than December 15.

Funds will immediately be forwarded to schools to apply to spring semester tuition.
The AHAA is pleased to offer a $500 scholarship to someone in each of the seven districts who is pursuing a degree in nursing or in another medical-related field. Applicants may select the college, university, or technical school (a 2-4 year institution). Applicants must demonstrate permanent residency in Arkansas. Attach to the completed copy of this application the following required materials:

1) A certified copy of your most current transcript, confirming a 3.0 grade point.
2) A copy of your ACT or SAT scores.
3) Two letters of recommendation, including one from an academic professional, and one from someone other than academic field.
4) A copy of an acceptance into the medical field program to which you have applied.

If selected as a finalist for this scholarship, you may be requested to meet for an interview with members of the selection committee. If chosen as the recipient, the applicant may expect the check to be sent to the school in which the recipient is enrolled.

The completed application and attachments must be clearly marked to show the applicant’s name, address, and telephone numbers. Applicant is advised to complete every section of the application, and make sure the application is signed and dated. Place the application in a sealed envelope and submit to the following:

Office of Volunteer Services

_________________________________
Hospital

_________________________________
Address
APPLICANT INFORMATION

NAME
________________________________________________________________________
Last               First               Middle

ADDRESS
________________________________________________________________________
Street, Route, Box        City               State               Zip Code
________________________________________________________________________
Date of birth               Social Security Number
________________________________________________________________________
Telephone               Alternate phone number

Email address______________________________________________________________

Parents’ names (if parents provide support):
Father________________________________________________
Mother________________________________________________

Occupation and Employer of head of household:
________________________________________________________________________

Occupation and Employer of other household member(s):
________________________________________________________________________

Number and ages of children living in the household: __________________________
________________________________________________________________________

Household range of annual income:
Under $30,000 _____  $30,001 - $49,000 _____  $50,000 - $69,000 _____
$70,000 - $89,000 _____  Over $90,000 _____

Are you currently working?  Yes_____  No_____  Hours/Week_____
Place of employment: ____________________________
Job Description: ________________________________
ACADEMIC INFORMATION:
Act Score _______  SAT Score _______  High School GPA _______
Class Rank _______  out of _______ students

Sponsored Programs Attended:
SNAP _______  MASH _______  Clinical Internship Program _______  Volunteers _______

List any extra-curricular and community activities such as school organizations, clubs, sports, drama, and music. List any awards/honors received.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name your specific area of study in the Health Profession ___________________________

Name and address of the school you are/will be attending:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PERSONAL ESSAY: In your own words, tell us why you want to attend a health professions program and why you think furthering your education is important. Also, express your need for financial assistance.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________
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____________________________________________________________________________

________________________________________  __________________________
Applicant’s Signature  Date
# ARKANSAS HOSPITAL AUXILIARY ASSOCIATION
$500 DISTRICT SCHOLARSHIP PROGRAM
JUDGES’ EVALUATION SHEET*

<table>
<thead>
<tr>
<th>APPLICANT ID ____________</th>
<th>JUDGE’S NUMBER ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACT or SAT Scores</strong></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Grade Point Average</strong></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Extra-curricular Activities</strong></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Community Activities/Involvement</strong></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Comprehensiveness of personal essay</strong></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Overall attitude gained of candidate</strong></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Has student been a Volunteer</strong></td>
<td>No _____ (0) Yes _____ (10)</td>
</tr>
<tr>
<td><strong>Application form correctly filled out</strong></td>
<td>No _____ (0) Yes _____ (5)</td>
</tr>
<tr>
<td><strong>Neat application form</strong></td>
<td>No _____ (0) Yes _____ (5)</td>
</tr>
<tr>
<td><strong>Would this scholarship meet a financial need</strong></td>
<td>No _____ (0) Yes _____ (5)</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

____________________

**NOTES/COMMENTS**

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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