



# Share Health Southeast Georgia Scholarship Guidelines

(Non-Traditional Students)

**The Share Health Southeast Georgia Scholarship Fund** was created in 2016 to provide annual scholarships to non-traditional students who live and work in the 16-county region of the Southeast Health District who are pursuing a career in healthcare or public health. Preference will be given to employees of the Southeast Health District. The following criteria apply:

1. Pursuing a course of study in public health/healthcare.
2. A resident of one of the 16 counties of the Southeast Health District.
3. Attend a college or university which is classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
4. Complete an application form and include a maximum two-page essay describing (1) why you are furthering your education, (2) why you intend to continue working in health care in southeast Georgia, (3) how your continued education will benefit southeast Georgia residents, and (4) your financial need for the scholarship.
5. Level of community involvement thru community service activities and/or academic or community honors/awards.
6. Submit two letters of reference, including one from a current or former employer in a health care field. Letters of reference should be signed, dated and on agency letterhead.

An Advisory Committee will select the scholarship winner(s), and will be subject to the approval of the Board of Directors of Share Health Southeast Georgia. *No member of the Advisory Committee, or his or her immediate family, shall be eligible for scholarship assistance during his or her tenure on the Advisory Committee.*

Share Health Southeast Georgia will notify the chosen scholarship recipient(s) of its decision. The scholarship payment will be made after Share Health Southeast Georgia's June Board Meeting, and after the selected student notifies Share Health about his/her acceptance of the scholarships and verifies the school he/she will be attending. All scholarship checks are made payable to the university or technical school for the student.



# Share Health Southeast Georgia Scholarship Application (Non-traditional student)

**Share Health**  
SOUTHEAST GEORGIA

## **Applicant Information**

Name

|                                 |        |                |
|---------------------------------|--------|----------------|
| Last                            | First  | Middle         |
| Address _____                   |        |                |
| Street                          | Apt #  | City/State Zip |
| Telephone _____ / _____ / _____ |        |                |
| Home #                          | Work # | Cell #         |
| E-Mail Address _____            |        |                |

## **Education History**

Please note your most recent educational attainment:

School (HS, Tech, College or University) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Employment experience:**

| <b><u>Employer</u></b> | <b><u>Position</u></b> | <b><u>From (month/year) to (month/year)</u></b> |
|------------------------|------------------------|-------------------------------------------------|
|------------------------|------------------------|-------------------------------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Honors/Awards** (including scholarships or other financial awards)

List any honors, awards, or other special recognition you have received for school, work or community service activities.

*Name of Award*

*Date Received*

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**Activities**

List any activities or community involvement in which you participate, that support the career path you have chosen.

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**College Goals**

College you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ ID#: \_\_\_\_\_

Course of Study:      ☐ Education                      ☐ Nursing                      ☐ Pre-Med

☐ Business                      ☐ Biology                      ☐ Allied Health

☐ Public Health                      ☐ Behavioral Health      ☐ Other \_\_\_\_\_

What are your career goals?

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**Intended Enrollment Status:**

☐ Full-time – 12 or more credit hours

☐ Half-time – 6 – 8 credit hours

☐ Three-quarter – 9-11 credit hours

## **Letters of Reference**

**Letters of reference must be signed, dated and on letterhead.**

Submit two letters of reference:

SEHD/County Health Department applicants:

- Submit one letter from a supervisor at the Southeast Health District/county health department where you work;
- Submit a second letter from a local health care provider or an individual from a community organization with whom you work/volunteer.

Non-SEHD/County Health Department applicants:

- Submit one letter from a local health care provider or an individual from a community organization with whom you work/volunteer.
- Submit one letter from a supervisor at your current place of work

## **General:**

The following items must be received in order to be eligible for a scholarship:

- The application
- Two letters of reference, signed and dated.
- A maximum two-page essay, which includes each of the elements listed above in the selection criteria.

**Applications must be completed by March 02, 2026.**

## **Questions or Comments?**

Get in touch with us at:

Share Health Southeast Georgia

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Waycross, GA 31502

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