



**Share Health**  
S O U T H E A S T   G E O R G I A

# Guidelines for Receiving a Share Health Southeast Georgia Scholarship

**The Share Health Southeast Georgia Scholarship Fund** was created to provide annual scholarships to graduating seniors from high schools and homeschools in the 16-county region of the Southeast Health District who show an interest in pursuing a career in healthcare. The following criteria will apply:

1. Plan to study public health/healthcare in their university or college work.
2. Maintain good grades.
3. Be involved in extracurricular activities, especially those activities involved in health, within the school and/or within the community.
4. Attend a college or university which is classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
5. Complete an application form and include a one-page essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate.
6. Submit two signed letters of reference.
7. Demonstrate financial need. FAFSA is available to complete now. The SAR report is required and can be received within 48 hours of completing the FAFSA.

**Please note: Incomplete applications will not be reviewed.**

An Advisory committee will select the scholarship winner which 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 shall 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

# Share Health Southeast Georgia Scholarship Application

## Applicant Information

Name

Last		First		Middle	
Address _____					
Street		Apt #	City/State		Zip
Telephone _____ / _____ / _____		Birthdate _____			
Home #		Work #	Cell #	M/D/YR	
E-Mail Address _____					

## School History

High School _____		Anticipated Graduation Date _____	
Class Rank _____		GPA _____	
SAT Score _____		ACT Score _____	
Critical Reading	Math	Writing	

## School Activities

Please indicate the organizations in which you are/were an active member. Check all that apply.

- |                                                 |                                    |                                          |                                        |
|-------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Beta Club | <input type="checkbox"/> Student Council | <input type="checkbox"/> Class Officer |
| <input type="checkbox"/> School Newspaper       | <input type="checkbox"/> Yearbook  | <input type="checkbox"/> Debate          | <input type="checkbox"/> Key Club      |
| <input type="checkbox"/> Band/Orchestra/Chorus  | <input type="checkbox"/> Drama     | <input type="checkbox"/> Sports          | <input type="checkbox"/> HOSA          |
| <input type="checkbox"/> Other _____            |                                    |                                          |                                        |

**Community Service**

Please indicate the community service activities in which you have been active. Check all that apply.

- Community Improvement       Boy/Girl Scouts       Ethnic/Cultural Org.
- Health/Safety Group       Peer Counseling       Tutoring
- Performing Arts       Recreation Project       Other \_\_\_\_\_

**Honors/Awards**

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

*Name of Award*

*Date Received*

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**College Goals**

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

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

- Course of Study:       Education       Nursing       Pre-Med/Law
- Business       Pre-engineering       Biology       Pre-Allied Health
- Other \_\_\_\_\_

What are your career goals?

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Where do you want to be employed in healthcare after graduating with your degree?

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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

Indicate other types of aid you have applied for and/or are receiving:

- Pell         Hope         Other Scholarship/Private Funding \_\_\_\_\_

Parent/Self employed by (if seeking preference for children of employees of Southeast Health District):

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Parent's name(s)

Employer

The following items must be received (*single pages only, no double sides*) in order to be eligible for a scholarship:

- The application
- An essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate
- Official school transcript
- Two signed letters of recommendation
- A copy of the Student Aid Report (SAR)

**Applications and supporting documents must be postmarked by March 01, 2024 (deadline).**

**Applications received after the deadline or incomplete applications will not be considered.**

### **Questions or Comments?**

Get in touch with us at:

Share Health Southeast Georgia

P.O. Box 1718

Waycross, GA 31502

[www.sharehealthsega.org](http://www.sharehealthsega.org)

email: [info@sharehealthsega.org](mailto:info@sharehealthsega.org)