Volunteer Scholarship
Description and Criteria

The Volunteer Program at Coliseum Medical Centers and Coliseum Northside Hospital is committed to the professional development of healthcare students. To assist healthcare students in their quest to become healthcare professionals, the Volunteers award scholarships of $1,000 to deserving graduating high school seniors or post-secondary students pursuing a career in healthcare. These students may be aspiring nurses, health occupation professionals as well as those interested in healthcare administration.

Interested applicants must submit the following materials in ONE packet in this order (Application packets not containing ALL materials below will be considered incomplete and will not be judged):

1. Completed Volunteer Scholarship Application
2. Essay (500 words or less) explaining why you aspire to be the healthcare professional of your choice. Also tell why you feel you should be awarded a scholarship and highlight any volunteer experience you may have.
3. An official (current) high school or post-secondary school transcript
4. TWO sealed letters of recommendation from people unrelated to the applicant

Documents must be submitted to:
Lindsey Mote
Volunteer Office at Coliseum Health System
520 Charter Blvd, Suite 400
Macon, Georgia 31210

The application deadline is March 16, 2018.
ALL MATERIALS MUST BE CONTAINED IN ONE PACKET.

Applications will be reviewed by the Volunteer Advisory Committee and selected candidates may be invited for personal interviews. The Committee will select the recipients and announce in April 2018. The scholarships will be paid directly to the school which the recipient plans to attend in Fall 2018.

Any questions should be directed to Lindsey Mote, 478-471-6868

Decisions of the Volunteer Advisory Committee are final. The Committee determines the number of scholarships awarded and reserves the right to choose not to award scholarships in any given year.
VOLUNTEER SCHOLARSHIP APPLICATION
APPLICATION DEADLINE – March 16, 2018

Personal Data
FULL NAME ________________________________

ADDRESS __________________________________________

PHONE # ______________________________________ EMAIL ADDRESS __________________________

NAME OF NEAREST RELATIVE __________________________________________________________

ADDRESS __________________________________________

PHONE # ______________________________________

Academic Data
NAME OF CURRENT SCHOOL ________________________________

SCHOOL ADDRESS ______________________________________

ANTICIPATED GRADUATION DATE __________________________

CAREER FIELD YOU ARE PURSUING ______________________________________________________

Additional Requirements
• A 500 word or less essay, double spaced in 10 inch font explaining why you want to be a/an _______ (your healthcare profession of choice) and what qualities you possess that would make you an asset to that profession. Also tell why you feel you should be awarded a scholarship and highlight volunteer experience you have.
• Official high school or post-secondary school transcript
• Two letters of recommendation sealed by the authors from people unrelated to you.

I declare that the information reported is true and correct to the best of my knowledge. I authorize Coliseum Health System to verify the information through necessary means.

Signature of Applicant ________________________________ Date __________________________

Signature of Parent ________________________________ Date __________________________

Please submit all information by March 16, 2018 to:
Lindsey Mote
Volunteer Services
Coliseum Health System
520 Charter Blvd, Suite 400
Macon, GA 31210
478-471-6868

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