



## ***It's a Girl Thing Making Proud Choices Scholarship 2019***

Union General Hospital announces the 2019 ***It's a Girl Thing Making Proud Choices Scholarship Awards Program***. Under the Program, (1) \$1,000 scholarship will be awarded to seniors attending high school in Union Parish. Children of Union General Hospital employees are eligible to apply.

### **Program Guidelines & Priorities:**

- \* Seeking graduating girls' seniors with at least a 75% attendance record to the It's a Girl Thing, Making Proud Choices Meetings at the hospital or the Farmerville High School, record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- \* Applicants must have a minimum GPA of 3.0, a total family annual income under \$75,000, and plan to attend a 2 or 4-year College or technical school pursuing a career in the medical field.
- \* Scholarship funds will be awarded ***in June 2019 for the first semester of the student's first year directly to the college*** and not to the student (***will be August or September before amounts will be due and paid***). It will be the student's responsibility to submit to Union General Hospital at that time an invoice for first semester **tuition** and **books**, with student ID number and college information.
- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they qualify for this scholarship program. ***Union General Hospital strongly suggests that each high school present this opportunity to the strongest applicants that match this program's guidelines.*** Application deadline is ***April 30, 2019 by 4:00 p.m.*** to be received by Union General Hospital. Late applications are not accepted.

**Mail or email one copy of a completed typed application package to:**

**It's a Girl Thing, Making Proud Choices Scholarship Committee**  
c/o Union General Hospital  
Attn. Claudia Wade, Community Development Manager/Grant Writer  
P.O. Box 398  
Farmerville, LA 71241  
[cwade@uniongen.org](mailto:cwade@uniongen.org)

The applications will be reviewed and recipients selected by a committee consisting of volunteers from Union General Hospital. The scholarships will be awarded in June 2019.

Applications may be downloaded from the Union General Hospital website at <http://www.uniongen.org/community.html>

Please submit any questions to: [cwade@uniongen.org](mailto:cwade@uniongen.org)



### SCHOLARSHIP APPLICATION 2019

Please <b>type</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: (      ) Email Address: _____
4.	Date of Birth:    Month                  Day                  Year                  Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
6.	Are you the first person in your family to go to college:    YES ___ NO ___
7.	Name and location of High School attending: _____
8.	<b>(If your resume or activities sheet answers question 8, please attach and skip to Question 9.)</b> A. List any academic honors, awards and membership activities while in high school:  B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:  C. List your non-school sponsored volunteer activities in the community:
9.	A. If you have decided on what college you will attend, please list school name:  B. If not, list your top 3 college choices:
10.	List Family Gross Annual Income from your 2018 Income Tax Form 1040 Line #22: \$ <i>(If selected, recipients may be asked to verify annual household income is under \$75,000 by supplying pg. 1 of their 2012 IRS Income Tax Form)</i>
11.	Is your <u>parent or legal guardian</u> an employee of Union General Hospital?    Yes _____ No _____  If your answer is 'yes' please answer blocks A, B below. If your answer is 'no' go to item 13.)
12.	A. His/her full name: _____
	B. Department Name: _____

<b>13.</b>	<p>Name &amp; address of parent(s) or legal guardian(s):</p> <p><b>(Include address if different than your own listed in Question 2.)</b></p> <p>Name(s) :</p> <p>Street:</p> <p>City: <span style="margin-left: 200px;">State:</span> <span style="margin-left: 150px;">Zip:</span></p> <p>Home phone of parents or legal guardians: <span style="float: right;">Work phone:</span></p>
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**14. On a separate sheet please write an essay (250 - 500 words) answering the questions below:**

Describe how **It's a Girl Thing, Making Proud Choices** has shaped who you are today and what the program has taught you. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote Union General Hospital's program.

I hereby understand that if chosen as a scholarship winner, according to Union General Hospital Scholarship policy, I must be present at any potential awards ceremony, or reception in June 2019 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Union General Hospital Scholarship policy, it is my responsibility to remit to the Hospital the appropriate information for my scholarship to be paid directly to my educational institution for my first semester in June and no later than July 31<sup>st</sup>, 2019.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Union General Hospital.

Name of Guidance Counselor submitting the application:

\_\_\_\_\_



High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

Signature of Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist**

- \_\_\_ Application
- \_\_\_ Essay
- \_\_\_ Resume/Activity Sheet
- \_\_\_ Guidance Counselor signature
- \_\_\_ School Transcript

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**REMINDER:**  
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