



GATEWAY
MEDICAL CENTER

GRACE P. FORD
VOLUNTEER SCHOLARSHIP

**CRITERIA AND
APPLICATION
2011**

GRACE P. FORD SCHOLARSHIP **POLICIES AND CRITERIA**

The Grace P. Ford Scholarship Committee (GPFSC) as established by the Gateway Medical Center (GMC) Auxiliary Board will administer a scholarship program funded by the Volunteer Auxiliary. In February of each year, a public announcement will be made and all qualified VolunTeens will be notified as to the time frames, methods, and requirements for applying for the available scholarships.

Eligibility Requirements include the following:

- 1) Must have volunteered at least 32 hours for GMC
- 2) Must have the approval of a Guidance Counselor or Principal, via his/her signature on the application
- 3) Must be applying for admission to an institution of higher education

A one page, front and back, **Application** will be reviewed each year for each applicant to submit along with:

- 1) A one page typed letter highlighting a volunteer experience
- 2) 3 individual letters of recommendation from non relatives
- 3) A valid copy of the applicant's high school transcript

An initial **Application Review** will be done by the GPFSC to determine if submitted applications meet eligibility requirements and for completeness. Then qualified applications will be rated on the following criteria:

- 1) Quality and amount of volunteer experience
- 2) Quality of letters of reference
- 3) Quality of High School activities and experience
- 4) Neatness of application package
- 5) Other criteria may be added as deemed appropriate by the GPFSC

Each panel member will rate each application package and assign a score of:

0 = Unsatisfactory 1 = Satisfactory 2 = Very Satisfactory

Then all scores will be totaled and up to ten of the top scoring applicants will be called in for an interview. Documentation of scoring will be maintained until the scholarship(s) for that year has/have been awarded.

The **Interview process** conducted by the GPFSC will evaluate applicants on the following criteria:

- 1) Ability to communicate effectively;
- 2) Presentation of self and desire for scholarship;
- 3) Financial need;
- 4) Neatness of appearance;
- 5) Punctuality;
- 6) Other criteria may be added as deemed appropriate by the GPFSC.

The **Number of and Amount of Scholarships** awarded each year will be determined by the GPFSC, based on the number of top quality applicants and the amount of funds available.

Documentation Required for the actual delivery of scholarship checks will be:

- 1) Verification of enrollment in an institution of higher learning;
- 2) Verification of expenses;
- 3) Other criteria may be added as deemed appropriate by the GPFSC.

For the year 2011, a minimum of three scholarships of no less than \$1500 each will be awarded. Applications will be available no later than February 7th, and due (postmarked) no later than March 11th, 2011 to Gateway Medical Center Volunteer Services. The scholarship recipients will be announced no later than May 1st. Students must present the documentation listed above in order to receive payment.

GRACE P. FORD VOLUNTEER SCHOLARSHIP STUDENT APPLICATION

Applicant Data

Name Last _____ First _____ MI _____

Permanent Address Street _____

City _____ State _____ Zip _____

Phone () _____ Cell Phone () _____

Date of Birth Month _____ Day _____ Year _____

Parent or Guardian last _____ first _____ MI _____

P/G Home phone _____ Work phone _____

School Data

Cumulative Grade Point Average: _____/on a 4.0 scale or _____/on a _____ scale

I verify that the cumulative GPA listed for the above applicant is correct

School Official's Signature _____ date _____
(Guidance Counselor or Principal)

School Name _____ phone _____

School Address _____ city _____ state _____ zip _____

Volunteer Service

List and briefly describe the volunteer service activities in which you have participated without pay in your community from June, 2007 to present. You must have volunteered with Gateway Medical Center for a minimum of 28 hours. Please list your volunteer activities performed at Gateway Medical Center on the first line. The hours reported for each activity may be verified with the Volunteer Supervisor. Add up the total number of service hours at the end of this section (If more space is needed, you may continue on a separate page in the same format and attach it to the application. Be sure to include your name on any additional pages).

Name of activity	What did you do?	Total hours	Name and phone number of volunteer supervisor

TOTAL HOURS OF VOLUNTEER SERVICE = _____

Required Attachments

Please submit three individual letters of recommendation from non-relatives, preferably from individuals who have seen you in a volunteer or leadership role. Include these letters with this application packet. Do NOT have letters mailed to Gateway Medical Center separately.

Include a one-paged typed letter highlighting a volunteer experience. Explain how the experience benefitted others. Describe what happened in your life or in the life of your family or friends as a result of your volunteer service experience. The essay may be up to, but not more than, one 8 1/2" x 11" page, one-sided, typewritten and single-spaced. Include your name and address in the upper-left-hand corner of the page.

Submit a valid transcript, preferably in a sealed envelope, along with your application packet.

Application Checklist

This application becomes complete and valid only when you have submitted:

_____ Application Form _____ Volunteer Essay _____ three letters of recommendation
_____ Valid Transcript

Mail to: Volunteer Services, Gateway Medical Center, P.O. Box 31629, Clarksville, TN, 37040

All applications must be received (postmarked) no later than March 11th. From all applications, up to 12 candidates will be asked to attend an applicant/committee interview. From these candidates, a minimum of three scholarship winners, receiving a one-time payment of no less than \$1500 each, will be announced no later than May 1st. Scholarship recipients will be notified by letter; likewise, an accompanying letter will be sent to the students' high schools for recognition by the school. Please do NOT call members of the committee seeking information.

Certification

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the scholarship program. This application becomes the sole property of Gateway Medical Center. If selected as a recipient, I authorize release of my name and/or likeness to Gateway Medical Center for publicity purposes.

Signature of Parent or Guardian

date

Signature of Applicant

date