Physicians at Brandon Regional Hospital

$1,000 - Physician's Scholarship 2022

INSTRUCTIONS FOR COMPLETING APPLICATION

1. **Application must be completed by current high school senior student.**
2. **Please type or print clearly with blue or black ink.**
3. **Attach official transcript or most recent report card reflecting your grades from high school**
4. **Include a typed one page essay regarding any personal information you wish to share and why you feel you should be awarded this scholarship.**
5. **Attach at least (1) one recommendation letter.**
6. **Primary consideration given for students pursuing careers in healthcare field.**

APPLICATIONS ARE DUE BACK TO THE MEDICAL STAFF OFFICE BY March 1, 2022

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1. ***Name:*** _____

   Last   First   Middle Initial

   Address: _____

   Number & Street   City   State   Zip

   Phone: (____)_____   **Present Age**: ____   **Birth date**: ___/___/___

   Email: _____

   Parent/Legal Guardian's Name: _____

   Phone: (_____)_____   Relationship:_____

2. ***SCHOLASTIC INFORMATION***

   Please provide names, city, and state of high schools you have attended or are currently attending. List the most recent first. Be sure to indicate month and year of anticipated graduation date.

   High School   Attended (From-To)   Anticipated Graduation Date

   _____

   _____

   Please list those colleges to which you have applied.

   College Name   Attended (From-To)   Anticipated Graduation Date

   _____

   _____

   In what program do you expect to obtain your degree? _____

Please attach current transcript and test score results
1.   GPA   _____(3, 4, 5, or 6 point scale - circle one or write in)

In what extracurricular activities have you participated while attending high school?
Please indicate elected offices held, if any. Specify purpose of local organizations.

Student activities/scholastic honors (student government, Key Club, National Honor Society, etc.)_____
_____

3.   ***EMPLOYMENT HISTORY***

Are you currently employed?   Yes_____   No_____

Type of business: _____

Name of Business: _____

Address: _____

Supervisor's name/position in company_____

Give brief description of your job duties: _____

4.   ***FINANCIAL INFORMATION***

*Father's Occupation: _____
*Mother's Occupation: _____

Approximate Annual Income of Parents --- Please circle one

<$50,000 $50,000- $100,000   > $100,000

*Are either of the above (mother and/or father) listed a Brandon Regional Hospital Employee?
_____Y   _____N

Including yourself, how many members of your immediate family will be in college next year?_____

How many are receiving financial assistance in the form of scholarships or grants?_____

Have you applied for any additional scholarships or grants?_____

Describe briefly in annual dollar amounts estimated college costs for the following:

Tuition: $_____   Living expenses: $_____   Books: _____

Indicate the amount of support you expect to receive from the following sources per year:

Summer job: $_____   Part-time job: _____

Loans (please specify): _____

Scholarships received to date (specify):
_____   _____

Other sources of income (specify): _____

_____

3.   ***ONE PAGE ESSAY – Please utilize a separate page – include in your essay the following:***

a) Give a brief description of your career goals

b) Briefly describe the following: "**Why I should be awarded this scholarship**"

I AGREE THAT THE INFORMATION AND ALL ATTACHMENTS MAY BE USED FOR THE PURPOSE OF EVALUATION AND SELECTION BY THE SCHOLARSHIP COMMITTEE TO WHICH APPLICATION MY SIGNATURE APPEARS BELOW.

Signature: _____   Date:_____

PLEASE E-MAIL APPLICATION w/ESSAY, TRANSCRIPT AND SUPPORTING DOCUMENTS TO:
Brittany.Sutherland@hcahealthcare.com

DEADLINE March 1, 2022
Applications without all the documentation required will not be considered.