

## ***VOLUNTEERS OF ABBEVILLE GENERAL HOSPITAL, INC.***

### **SCHOLARSHIP FUND CRITERIA**

***Volunteers of Abbeville General Hospital, Inc.*** will award a college student enrolled in a health care related curriculum and in his/her **Junior or Senior Year**, a **\$1,000.00 Scholarship** to be used for educational expenses. The Volunteers of AGH will issue **\$500.00 to the qualified student at the end of each semester for two (2) consecutive semesters** as explained in the paragraph below:

The Office of Registrar of the College or University the student is attending will provide a transcript of grades to the SCHOLARSHIP CHAIRPERSON before the first semester payment of scholarship. The Scholarship Award will cease once any of the following conditions exist:

- Recipient receives \$1,000.00
- Recipient is no longer a full-time student
- Recipient fails to maintain an overall GPA of 3.0  
(A probationary period of one semester will be allowed for a student to raise his/her GPA to 3.0 again)

#### **WHO MAY APPLY**

Any college student who has attained at least **Junior Year** status and has:

- Lived in Vermilion Parish for a period of two (2) consecutive years,
- Enrolled in a health care related field at an accredited College or University in the State of Louisiana or an accredited online College or University.
- Completed enough hours to be a Junior or Senior, and
- Maintained a 3.0 GPA or higher.

#### **REQUIRED DOCUMENTS**

The following documents are required:

- Application completely filled in and signed by student.
- Certification from College Registrar of Student's GPA and Status.
- Two (2) Letters of Recommendation
  - o From a Counselor or Professor of the College the student is attending.
  - o From a Vermilion Parish Community Leader or Employer.
- Brief Essay "Why I Want To Be a Healthcare Worker"

**SUBMIT APPLICATION** with relevant documents once completed to the following address:

**SCHOLARSHIP CHAIRPERSON  
VOLUNTEERS OF ABBEVILLE GENERAL HOSPITAL, INC.  
118 NORTH HOSPITAL DRIVE  
ABBEVILLE, LOUISIANA 70510**

PLEASE KEEP THIS INSTRUCTION SHEET FOR FUTURE REFERENCE



**PARENT/GUARDIAN:**

Last Name	First Name	Middle Initial
Street Address	City	State/Zip Code
Home Phone #	Business Phone#	Number of Dependents & Ages

**PERSON THROUGH WHOM YOU CAN ALWAYS BE CONTACTED:**

Last Name	First Name	Middle Initial
Street Address	City	State/Zip Code
Home Phone #	Business Office	Relationship

**APPLICANT CERTIFICATION:**

I hereby certify that all the information given above is true and correct.

Applicant's Signature	Date
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