



Share Health
SOUTHEAST GEORGIA

Guidelines for Receiving a Share Health Southeast Georgia Scholarship

The Share Health Southeast Georgia Scholarship Fund was created to provide annual scholarships to graduating seniors from high schools and homeschools in the 16-county region of the Southeast Health District who show an interest in pursuing a career in healthcare. The following criteria will apply:

1. Plan to study public health/healthcare in their university or college work.
2. Maintain good grades.
3. Be involved in extracurricular activities, especially those activities involved in health, within the school and/or within the community.
4. Attend a college or university which is classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
5. Complete an application form and include a one-page essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate.
6. Submit two signed letters of reference.
7. Demonstrate financial need. FAFSA is available to complete now. The SAR report is required and can be received within 48 hours of completing the FAFSA.

Please note: Incomplete applications will not be reviewed.

An Advisory committee will select the scholarship winner which will be subject to the approval of the Board of Directors of Share Health Southeast Georgia. *No member of the Advisory Committee, or his or her immediate family, shall be eligible for scholarship assistance during his or her tenure on the Advisory Committee.*

Share Health Southeast Georgia shall notify the chosen scholarship recipient(s) of its decision. The scholarship payment will be made after Share Health Southeast Georgia's June Board Meeting, and after the selected student notifies Share Health about his/her acceptance of the scholarships and verifies the school he/she will be attending. All scholarship checks are made payable to the university or technical school for the student.



Share Health Southeast Georgia Scholarship Application

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Applicant Information

Name _____

Last	First	Middle
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Address _____

Street	Apt #	City/State	Zip
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Telephone _____ / _____ / _____ Birthdate _____

Home #	Work #	Cell #	M/D/YR
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E-Mail Address _____

School History

High School _____ Anticipated Graduation Date _____

Class Rank _____ GPA _____

SAT Score _____ ACT Score _____

Critical Reading	Math	Writing
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School Activities

Please indicate the organizations in which you are/were an active member. Check all that apply.

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Beta Club | <input type="checkbox"/> Student Council | <input type="checkbox"/> Class Officer |
| <input type="checkbox"/> School Newspaper | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Debate | <input type="checkbox"/> Key Club |
| <input type="checkbox"/> Band/Orchestra/Chorus | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports | <input type="checkbox"/> HOSA |
| <input type="checkbox"/> Other _____ | | | |

Community Service

Please indicate the community service activities in which you have been active. Check all that apply.

- Community Improvement Boy/Girl Scouts Ethnic/Cultural Org.
- Health/Safety Group Peer Counseling Tutoring
- Performing Arts Recreation Project Other _____

Honors/Awards

List any honors, awards, or other special recognition you have received for school or community service activities.

Name of Award

Date Received

College Goals

College you plan to attend: _____

Have you been accepted? _____ ID# _____

- Course of Study:
- Education Nursing Pre-Med/Law
 - Business Pre-engineering Biology Pre-Allied Health
 - Other _____

What are your career goals?

Where do you want to be employed in healthcare after graduating with your degree?

- Intended Enrollment Status:** Full-time – 12 or more credit hours
 Half-time – 6 – 8 credit hours Three-quarter – 9-11 credit hours

Indicate other types of aid you have applied for and/or are receiving:

- Pell Hope Other Scholarship/Private Funding _____

Parent/Self employed by (if seeking preference for children of employees of Southeast Health District):

Parent's name(s)

Employer

The following items must be received (*single pages only, no double sides*) in order to be eligible for a scholarship:

- The application
- An essay reflecting the role healthcare plays in his/her life, how the major they are pursuing relates and where in Georgia they want to be employed after they graduate
- Official school transcript
- Two signed letters of recommendation
- A copy of the Student Aid Report (SAR)

Applications and supporting documents must be postmarked by March 01, 2025 (deadline).

Applications received after the deadline or incomplete applications will not be considered.

Questions or Comments?

Get in touch with us at:

Share Health Southeast Georgia

P.O. Box 1718

Waycross, GA 31502

www.sharehealthsega.org

email: info@sharehealthsega.org