

*Auxiliary
of
Doctors Hospital
Scholarship
Committee
Information
2020*

*Updated 3/30/20 due
to Covid-19*

Auxiliary of Doctors Hospital Scholarship Fund

The Scholarship Fund of the Auxiliary of Doctors Hospital was developed by the Auxiliary Board of Directors in 1969. It was created to provide higher educational opportunities for worthy students in financial need intending to pursue careers in a healthcare field at a College/University or Vocational Technical Institute.

Students must be a senior in a Sarasota County school, and have at least a 3.0 unweighted grade-point average and demonstrate financial need. Applications will only be considered if the applicant's parents' adjusted gross income does not exceed \$90,000.00.

Auxiliary of Doctors Hospital “Health Careers Scholarship”

The “Health Careers Scholarship” of the Auxiliary of Doctors Hospital was created by the Auxiliary Board of Directors in 1969 to provide higher educational opportunities for worthy students in financial need intending to pursue careers in a healthcare field.

Eligibility/ Deadlines

Pupil Support Services will distribute applications to high school guidance offices at the beginning of January.

Student must major in a health-related field at a college/university or vocational-technical center, show evidence of financial need, have a 3.0 unweighted GPA. Parents’ adjusted gross income may not exceed \$90,000.00.

Student must be a senior in a Sarasota County school.

Completed application with **ALL** documentation must be returned to the Auxiliary of Doctors Hospital and postmarked by May 1, 2020.

Schools Eligible to Participate

All schools in Sarasota County, both public and private. Doctors Hospital of Sarasota teen-age volunteers are not required to attend a Sarasota County school.

How Awarded/ Amount

1. Scholarships are awarded one time and are not renewable.
2. Scholarship amounts vary from year to year depending upon the availability of funds, and are available for college related expenses.
3. Awards will be given to:
Worthy students in financial need with high academic standing.
4. Scholarship recipients will be notified in May/June.
5. Scholarship checks will be made payable to the educational institution only. Correct school address should be included in the application.

Application Process

Student receives application from high school guidance office; online at www.dhsauxiliary.org or at the Front desk of Doctors Hospital of Sarasota. Completed applications **must** include the following:

1. Copy of transcript
2. State unweighted GPA must be at least 3.0
3. Copy of student's official SAT/ACT score report.
4. Report from guidance counselor (Please email to LKR4316@gmail.com, if necessary)
5. Letter of recommendation from guidance counselor or teacher (Please email to LKR4316@gmail.com, if necessary) .
6. Copy of acceptance letter from college or university. Include your college ID number.
7. Student essay. Essay should show clarity, strength and determination to achieve a healthcare degree.
8. A signed and dated copy of the parents' 2019 1040 Income Tax return. The 2018 return is acceptable if the 2019 return has not been filed as of May1, 2020.
9. List of extra-curricular activities in school and community, volunteer work and employment experience, if applicable.
10. Photo (optional)
11. The completed application is due by **May 1,2020** and may be delivered or sent to:

Scholarship Committee
Auxiliary of Doctors Hospital of Sarasota
5731 Bee Ridge Road
Sarasota, FL 34233

“Health Careers Scholarship” Application

DATE: _____ HIGH SCHOOL: _____

NAME: _____
 First Middle Last

ADDRESS: _____ ZIP: _____ PHONE: _____
 Street City

ALTERNATE PHONE NUMBER (VERY IMPORTANT): _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ S.S. # _____ COLLEGE ID # _____

What Career do you intend to pursue? _____

College/Vocational Technical Center accepted by and address: _____

Estimated total cost of schooling per year: _____

List on a separate sheet extra-curricular activities in school and the community.
 Include medical and health related internships, volunteer work and employment.

Savings for college: \$ _____

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

List siblings (including ages) in family and indicate those presently in college:

Please indicate if your parent or grandparent is affiliated with Doctors Hospital (name & department) _____

List other scholarships (including Bright Futures) you are applying for: _

CHECK LIST FOR STUDENTS

***In order to be eligible, application must include all of the items below at the time it is submitted. Completed application must be postmarked by midnight May 1, 2020. If your application does not include each item listed below, your application WILL NOT, repeat, WILL NOT BE CONSIDERED.**

1. Must have at least an unweighted 3.0 Grade Point Average.
2. Copy of transcript state unweighted GPA.
3. Copy of Student's official SAT/ACT score report
4. Copy of college acceptance letter. Include your college ID number, and college address.
5. One page essay stating your major and why you wish to attend college and why you need financial assistance. Essay should show clarity, strength, and determination to achieve a healthcare degree.
6. A signed and dated copy of the parents' 2019 1040 Income Tax. The 2018 return is acceptable if the 2019 return has not been filed as of May 1, 2020.
Parents' adjusted gross income may not exceed \$90,000.
7. Report from Guidance Counselor. (Please email to LKR4316@gmail.com, if necessary)
8. Letter of recommendation from Guidance Counselor or teacher (Please email to LKR4316@gmail.com, if necessary).
9. List of extra-curricular activities in school and community, volunteer work and employment experience, if applicable.
10. Photo (optional)

***In order to be eligible, application must include all of the items above at the time it is submitted. Completed application must be postmarked by midnight May 1, 2020. If your application does not include each item listed above, your application WILL NOT, repeat, WILL NOT BE CONSIDERED.**

Return completed application to:

Scholarship Committee

Auxiliary of Doctors Hospital

5731 Bee Ridge Road

Sarasota, FL 34233

Please give the name of a reference in the community.

REFERENCE: _____

ADDRESS: _____ PHONE: _____

Signature of Parent or Guardian

Signature of Applicant

**TO THE GUIDANCE
COUNSELOR:**

This student is applying for the Auxiliary of Doctors Hospital of Sarasota "Health Careers Scholarship". Your candid estimate of the applicant's performance, intellectual promise and qualities as a person will help the Scholarship Selection Committee in making their final decisions. The following questions are only guidelines. We are primarily interested in whatever you feel is important for us to know about the applicant. A copy of a report made to another institution or competition is perfectly acceptable, if you will complete this form and attach the copy to it.

(Please Print)

STUDENT'S NAME: _____

COUNSELOR'S NAME: _____

E-mail _____ Phone # _____

How long have you known the applicant? _____

This candidate ranks _____ in a class of _____ students.

What is the student's Grade Point Average to date _____ (unweighted)

What is the student's best combined SAT score: Math _____ Verbal _____ Writing _____
ACT score _____

What is your estimate of this student's chance for success in his/her chosen career?

EXCELLENT _____ GOOD _____ AVERAGE _____ BELOW AVERAGE _____

Please attach:

1. A copy of the student's transcript.
2. A letter of recommendation including your impressions of the applicant's character, aims and values. Are there any special personal strengths, weaknesses, or problems about which we should be aware? What are the first words that come to mind to describe the personality of the candidate?

DATE _____ SIGNED _____ POSITION _____

SCHOOL _____

Please return this completed form, your letter of recommendation and transcript in a sealed envelope to the student applying for the scholarship. The student should then submit completed application and this guidance report to:

SCHOLARSHIP COMMITTEE
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA
5731 BEE RIDGE ROAD, SARASOTA FLORIDA 34233