



Improving Health. Saving Lives.

Hospital Auxiliary Volunteers' Scholarship Program Application

We are very pleased that you have chosen to submit an application for a scholarship from the Singing River Health System Auxiliary Volunteers. **Applicants must be enrolled or planning to enroll in a medical field of study.** Applications will be reviewed and judged on completion, GPA, transcripts, and narratives.

Please provide **all information** requested and mail your application to:

Singing River Health System
Guest Relations Dept., Attn: Scholarship Committee
2809 Denny Ave.
Pascagoula, MS 39581

Applications will also be accepted in person at the Information Desk at Singing River Gulfport, Ocean Springs Hospital, or Pascagoula Hospital.

Applications must be received by April 1 of the award year.

Please make sure you include the following with your application:

- _____ Official ***certified and sealed*** transcripts from your school
- _____ Publishable picture (3" X 5" approximate size)
- _____ Letter from the school where you have been accepted or proof of current enrollment.

Recipients of the scholarships will be notified by mail and phone. We thank you for applying and wish you all the best in pursuing your degree and a career in healthcare.

SingingRiverHealthSystem.com

Gulfport

15200 Community Road
Gulfport, MS 39503
(228) 575-7000

Ocean Springs

3109 Bienville Boulevard
Ocean Springs, MS 39564
(228) 818-1111

Pascagoula

2809 Denny Avenue
Pascagoula, MS 39581
(228) 809-5000



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Singing River Health System Hospital Auxiliary Scholarship Application

Application Information (Type or print clearly):

Full Name: _____ Age: _____

Address: _____

Telephone: _____ (home) _____ (cell)

Birth date: _____ SSN: _____

Are you employed by the Singing River Health System? (Y/N) _____

If yes, where? _____

Are you related to an employee of Singing River Health System? (Y/N) _____

If yes, what is the relationship and the name of the employee? _____

High School Attended: _____ Year Grad: _____

Awards:/Honors: _____

Are you attending a college/university at this time? (Y/N) _____

If yes, name of Institution: _____

GPA: _____ Hrs completed: _____

If not currently attending, what college/university do you plan to attend?

Field of study: _____ Date you expect to graduate: _____

Enrollment: Full-time ____ Part-time ____

Are you currently enrolled in or have you been accepted into a program in the medical field?
(Y/N) _____

Name of school and program: _____

NOTE: YOU MUST ATTACH A SEALED CERTIFIED COPY OF YOUR MOST RECENT TRANSCRIPT(S) FROM YOUR HIGH SCHOOL AND / OR UNIVERSITY.

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(Use additional sheets to list any information if needed)

Other education:	Year(s) attended:	Graduated/Degree?
_____	_____	_____
_____	_____	_____

Please list the following:

Accomplishments: _____

Community Activities/Involvement: _____

Other Activities/Awards: _____

Plans for the Future: _____

Additional information that would help us to know you better: _____

I (We) certify that the information contained in this application is correct and complete. I (We) further agree to provide, if requested, any other official documentation necessary to verify information reported. I (We) also understand that the award of the scholarship is contingent upon registration of classes for the Fall term. In the event I (we) cannot attend the Fall term, I (we) will return all scholarship money.

_____ Applicant's signature	_____ Date
_____ And/or	

_____ Parent's signature	_____ Date
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