

BIBB MEDICAL CENTER

AUXILIARY SCHOLARSHIP APPLICATION

Personal Information

Full Name:	
Address:	
City:	
State:	Zip:
Number of Years at Present Address:	
Date of Birth:	
Occupation:	
Annual Income:	
Email:	
Phone Number:	

Family Information

Only complete this section if supported by parent(s) or guardian(s)

Only complete this section if supported by parent(s) or guardian(s)	
Mother/Guardian's Name:	
Address:	
City:	
State:	Zip:
Occupation:	
Household Income:	
Phone Number:	
Father/Guardian's Name:	
Address:	
City:	
State:	Zip:
Occupation:	
Household Income:	
Phone Number:	
Number of siblings:	Ages:

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Education

Only complete this section if currently attending high school or if you graduated from high school during the past 18 months

High School Attended:

Graduation Date:

Average G.P.A:

List all postsecondary and/or technical schools you attended in the last three years:

Dates Attended:

Dates Attended:

List participation in athletic activities:

List Participation in community service activities:

List any familial obligation for which you were responsible during the past three years

Name	Relationship	Hours	# of weeks	Duties

If you worked while attending high school, please complete the following:

Employer	Dates	Hours per week	Position

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Medical Pursuit

What postsecondary schools have you applied to for admission? Please indicate acceptance status. If currently attending, list only the school you are attending.

School:

Status

If attending, current G.P.A:

School:

Status

School:

Status:

School:

Status:

What medical career are you pursuing?

Medical Pursuit

List scholarships, grants, or loans for which you have qualified or applied.
Check the ones you will use or are currently using.

Name	Amount	Use
		Will Use Currently Using
		Will Use Currently Using
		Will Use Currently Using
		Will Use Currently Using

Previous BMC Awards

Have you previously applied for a scholarship(s) from the Bibb Medical Center Auxiliary?

Were you awarded a scholarship?

List the date(s) the scholarships were received

Your Expected Cost of School

Please provide the following annual information for the school you plan to attend or are currently attending.

	School
Tuition	
Room/board	
Books/supplies	
Clothing/personal	
Entertainment	
Transportation	
Total Annual Cost	
Status	Plan to Attend Currently Attending

Special Circumstances

Describe any special circumstances that should be taken into consideration when evaluating your scholarship application.

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Essay #1

Please tell us why you are deserving of this scholarship

*Attach to back of application

Essay #1

Please describe how you plan to serve/benefit the citizens of Bibb County after receiving your postsecondary medical education. Please explain if you plan to remain in Bibb County after graduation or if you plan to return and serve Bibb County after you retire.

*Attach to back of application

I certify that the information contained in the Bibb Medical Center Auxiliary Scholarship Application is true and accurate to the best of my knowledge. I authorize the Bibb Medical Center Auxiliary to verify any information contained herein.

Signature: _____

Date: _____

Please tell us how you heard about the Bibb Medical Center Auxiliary Scholarship.

School Counselor BCHS WBHS

School Website BCHS WBHS

Board of Education Website

Brent/Centreville Library

Facebook

Centreville Press

BMC Employee

BMC Website

BMC Auxiliary Member

Other – Please explain _____



We are excited that you are interested in applying for a Bibb Medical Center Auxiliary Scholarship.

The Bibb Medical Center Auxiliary Scholarship is open to persons pursuing a post-secondary education in the medical field. Scholarships are available for accredited postsecondary educational colleges, medical schools, and universities.

The amount of each scholarship awarded will be \$500. Applicants may reapply each semester for an additional scholarship.

The award will be in the form of a check made payable to the accredited postsecondary educational institution attended by the scholarship

**Please submit the completed application to
BMCAux@bibbmedicalcenter.com**