

LAKE GRANBURY MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION 2024-2025

APPLICANT STATES AND AGREES TO THE FOLLOWING:

1. APPLICANT IS A RESIDENT OF HOOD COUNTY, TEXAS and IN PURSUIT OF A CAREER IN HEALTHCARE.
2. APPLICANT IS SUBJECT TO A PERSONAL INTERVIEW AT THE REQUEST OF THE SCHOLARSHIP COMMITTEE.
3. EACH SCHOLARSHIP CONSISTS OF \$2,000.00. ONE HALF (\$1,000.00) WILL BE PAID DIRECTLY TO THE COLLEGE/UNIVERSITY YOU ARE ATTENDING IN THE FALL OF 2024 FOR TUITION AND OR BOOKS. IN ORDER FOR PAYMENT TO BE MADE FOR THE SECOND HALF (\$1,000.00) IN JANUARY 2025, YOU MUST PROVIDE A TRANSCRIPT OF GRADES FOR THE FALL 2024 SEMESTER SHOWING COMPLETION OF 12 HOURS MINIMUM WITH A MINIMUM GPA OF 3.0 NO LATER THAN JAN 1, 2025. FAILURE TO COMPLETE THE 12 HOURS OR TO MAINTAIN A MINIMAL OF 3.0 GPA OR TO PROVIDE THE TRANSCRIPT WILL CAUSE CANCELLATION OF THE SECOND PAYMENT OF \$1,000.00. ALSO, TO RECEIVE THE \$1,000.00 SECOND PAYMENT YOU WILL NEED TO SUBMIT YOUR SPRING CLASS SCHEDULE SHOWING A MINIMUM OF 12 HOURS BY JAN 1, 2025.
4. SCHOLARSHIPS ARE AWARDED AND PAID FOR TUITION AND BOOKS ONLY.
5. IF YOU WITHDRAW FROM SCHOOL OR DO NOT COMPLETE A SEMESTER OR QUARTER FOR WHICH PAYMENT HAS BEEN MADE, YOU AGREE TO REPAY THE LAKE GRANBURY MEDICAL CENTER AUXILIARY THE AMOUNT PAID.
6. YOU AGREE TO PROVIDE THE APPLICATION BY JUNE 1, 2024.
7. TO: LGMC, ATTN: AUXILIARY, 1310 PALUXY HWY, GRANBURY, TX 76048
 - A. A COMPLETED APPLICATION
 - B. A LETTER STATING THE REASONS YOU ARE APPLYING FOR THE SCHOLARSHIP IN ACCORDANCE WITH THE INSTRUCTIONS GIVEN. PLEASE ADDRESS THE FOLLOWING IN YOUR LETTER: HOW WOULD YOU DESCRIBE YOURSELF? WHAT INSPIRES YOU TO CHOOSE THIS HEALTHCARE CAREER GOAL? HOW WILL FURTHER EDUCATION SERVE THAT PURPOSE? WHERE DO YOU SEE YOURSELF IN 10 YEARS? WHO OR WHAT HAS BEEN THE GREATEST INFLUENCE IN YOUR LIFE TO DATE?

C. TWO LETTERS OF RECOMMENDATION.

D. A CURRENT TRANSCRIPT OF HIGH SCHOOL OR COLLEGE GRADES AS OF JUNE 1, 2024.

8. I AFFIRM TO THE BEST OF MY KNOWLEDGE THAT I AM NOT RELATED TO ANY LAKE GRANBURY MEDICAL CENTER AUXILIARY MEMBER.

NAME (PRINT) _____

ADDRESS _____

PHONE _____

ALTERNATE CONTACT (NAME AND PHONE NUMBER)

EMAIL ADDRESS _____

HIGH SCHOOL _____

YEAR GRADUATED _____

COLLEGE ATTENDING OR PLAN TO ATTEND _____

AS OF JUNE 1, 2024, WHAT IS YOUR STUDENT CLASSIFICATION? (FOR EXAMPLE, I WILL BE A FRESHMAN IN COLLEGE IN THE FALL OF 2024.)

CURRENT GPA _____

DEGREE SOUGHT _____

CAREER GOAL

LIST ANY AWARDS, HONORS

LIST ANY EXTRACURRICULAR ACTIVITIES

LIST ANY COMMUNITY ACTIVITIES/SERVICE

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO KNOW/CONSIDER?

TO THOSE WHO ARE AWARDED A SCHOLARSHIP, YOU ARE REQUIRED TO SUBMIT YOUR FALL CLASS SCHEDULES BY JULY 31, 2024.

I UNDERSTAND AND AGREE TO THESE PROVISIONS AND SUBMIT MY APPLICATION.

SIGNED _____

DATE _____

Please submit your application and transcripts in person or by mail to:

LGMC
Attn: Auxiliary
1310 Paluxy
Granbury, Texas 76048