



**NORTHSIDE HOSPITAL  
CHEROKEE**

**AUXILIARY**

**Sally M. Johnson Scholarship**

Applications available: Website: [www.nhcherokeeauxiliary.com](http://www.nhcherokeeauxiliary.com) or <http://nhcherokeeauxiliary.com>

**Application Instructions**

1. Responses are to be **typed** or **printed legibly**.
2. Submit all of the following no later than **April 2, 2021**
  - Mail a completed application or scan completed application and email to address below
  - Two letters of recommendation
    - If applicable an OFFICIAL transcript from your current educational institution or
    - If applicable, a college acceptance letter for students entering a new program for the fall semester
3. Upon review of applicant credentials, the scholarship committee will conduct interviews for finalists on or before May 1, 2021.
4. All interviewed applicants will be notified in writing of the status of their scholarship application by the committee no later than May 15, 2021
5. The awardee will receive a maximum of a \$1,000 scholarship. The financial award will be paid directly to the college of your choice, if it meets the criteria as stated in the Northside Hospital Cherokee Auxiliary Scholarship Requirements.

Submit all documentation and questions either by mail or electronically:

Attn: **Scholarship Committee Volunteer Services**

Northside Hospital Cherokee Auxiliary

450 Northside Cherokee Blvd

Canton, GA 30115

Or **[nhcasmj@gmail.com](mailto:nhcasmj@gmail.com)** Scholarship Chairperson Gary L. Selden



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**Requirements**

Eligibility criteria for Northside Hospital Cherokee Auxiliary Scholarship:

1. Applicant must be **pursuing a degree or certificate in the healthcare profession.**
2. Applicant must have a **minimum GPA of 3.0**
3. Applicant must submit an **OFFICIAL college transcript, if applicable**
4. Applicant must be enrolled or submit **OFFICIAL proof of acceptance** (if not currently enrolled) in an accredited educational institution in the **State of Georgia.**
5. Applicant must indicate if they are one of the following
  - a resident of Cherokee County or
  - a volunteer or
  - a dependent of an employee of Northside Cherokee Hospital
6. Applicant must be
  - a citizen of the United States or
  - a permanent resident of the U.S. (proof of a permanent visa will be required at the time of the interview).
7. Scholarship awards will be based on the applicant's
  - Participation in Hospital and Community Activities
  - Scholastic Achievement
  - Character
  - Qualities of Leadership
  - Letters of Recommendation
8. Applicant must be available for an interview in April (date to be determined).
9. Applicant must grant written permission for name and photo to be published or applicant under 18 must provide signed parental /guardian consent.
10. The Scholarship Awardee is highly encouraged to attend the annual Northside Hospital Cherokee Auxiliary Luncheon held in July 2021.



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**Sally M. Johnson Scholarship Application**

**PERSONAL INFORMATION:**

1. Full Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Present Address \_\_\_\_\_  
( Street)

\_\_\_\_\_ (City Zip )

4. Permanent Address \_\_\_\_\_  
( Street)

\_\_\_\_\_ (City Zip )

5. Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Marital Status \_\_\_\_\_ Military Service Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

8. Dependents (age and relationship) \_\_\_\_\_

9. Resident Status [ ] Citizen of U.S. [ ] Permanent resident

10. Have you been convicted of felony Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain  
\_\_\_\_\_

11. List of other scholarships received and amount  
\_\_\_\_\_  
\_\_\_\_\_

12. Declaration:

- I am a resident of Cherokee County Yes \_\_\_\_\_ No \_\_\_\_\_
- I am a dependent of an employee of Northside Hospital Cherokee Yes \_\_\_\_\_ No \_\_\_\_\_
- I am an active volunteer at Northside Hospital Cherokee Yes \_\_\_\_\_ No \_\_\_\_\_
- I have been a volunteer at Northside Hospital Cherokee Yes \_\_\_\_\_ No \_\_\_\_\_



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**EDUCATIONAL INFORMATION**

1. Current academic level?            HS Senior \_\_\_\_\_ Undergraduate Year \_\_\_\_\_ Post Graduate \_\_\_\_\_

2. Currently enrolled in post High School Program?            Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not, have you been accepted to a college program? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Cumulative grade point average? \_\_\_\_\_

4. Name and Address of Educational Institution enrolled in for fall semester

\_\_\_\_\_

Current or Projected Course of study? \_\_\_\_\_

5. Address of FINANCIAL AID OFFICE \_\_\_\_\_

6. Full Time \_\_\_\_\_ or Part-time \_\_\_\_\_ Expected graduation date \_\_\_\_\_

7. If part-time, specify what else you will be doing? (i.e.) employment \_\_\_\_\_

EDUCATIONAL HISTORY	NAME of Educational Institution LOCATION	MAJOR	DATES ENROLLED	DEGREE OBTAINED	GPA
High School					
Community College					
Vocational School					
College					
Advanced Degree					



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**EMPLOYMENT HISTORY** List your last three jobs beginning with the most recent:

<b>Employer</b>	<b>Dates Employed</b>	<b>Position</b>	<b>Annual or Hourly Salary</b>	<b>Reason for Leaving</b>

**PERSONAL ACCOMPLISHMENTS**

<b>VOLUNTEER ORGANIZATION</b>	<b>DESCRIBE RESPONSIBILITIES</b>	<b>LOCATION</b>	<b>DATES/ FREQUENCY</b>



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**SHARE YOUR REASONS FOR BEING IN THE HEALTHCARE PROFESSION**

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**DESCRIBE YOUR FUTURE PROFESSIONAL GOALS**

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**DESCRIBE HOW YOU HAVE DEMONSTRATED LEADERSHIP**

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**LIST HONORS AWARDS/ACCOMPLISHMENTS in the COMMUNITY**

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**THREE LETTERS OF RECOMMENDATION:**

Provide Written Recommendations from two individuals who know you well and can address your

- **Participation in Hospital and Community Activities**
- **Scholastic Achievement**
- **Character**
- **Qualities of Leadership**

We require a **Science Teacher, and one additional recommendation** from the following:

Employer or Community Leader, Mentor or Spiritual Leader

List their names, address, email address, cell or work telephone numbers, and the relationship of each to the applicant.

1. Name: \_\_\_\_\_

Relationship to You \_\_\_\_\_

Position/Title: \_\_\_\_\_

\_\_\_\_\_ Address City State Zip Code

Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to You \_\_\_\_\_

Position/Title: \_\_\_\_\_

\_\_\_\_\_ Address City State Zip Code

Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to You \_\_\_\_\_

Position/Title: \_\_\_\_\_

\_\_\_\_\_ Address City State Zip Code

Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_



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**Sally M. Johnson Scholarship Application Agreement**

I understand that a maximum of a \$1,000 scholarship will be paid directly to the financial aid office of the educational institution if the institution meets the criteria as stated in the Northside Hospital Cherokee Auxiliary Scholarship Requirements.

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize Northside Hospital Cherokee Auxiliary or its designee to investigate the foregoing and any additional personal and or financial information, which may assist them in determining qualifications for the scholarship.

I release the Northside Hospital Cherokee Auxiliary from any liability or damage, which may result from such investigation. I understand that if anything contained in this application is found to be untrue, consideration for this scholarship will be revoked. I also understand that the decision of the scholarship committee is final.

If a finalist, I agree to interview on a date to be determined in April.

It is highly recommended that recipient will attend the Northside Cherokee Hospital Auxiliary Luncheon in July.

I agree to having my photo taken and published on behalf of the Northside Cherokee Hospital Auxiliary.

I have read, clearly understand, and agree to the above agreement

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental Signature (If under 18)

\_\_\_\_\_  
Date