

**THE SAMUEL M. GOODRICH ENDOWED HEALTHCARE
SCHOLARSHIP APPLICATION**

For Academic Year 2017-2018
Please complete all answers

Applicant Name: _____

Address: _____

Telephone: _____ **Email Address (Optional):** _____

SSN: _____ **Gender:** M F

Current Degree Program in which enrolled:

Current School: _____

High School Attended: _____
GPA: _____

College(s) Attended: _____
GPA: _____

GPA: _____
GPA: _____

PLEASE PROVIDE COPIES OF ALL COLLEGE TRANSCRIPTS

Have you ever received a needs based scholarship? Y N

If applicable:

MCAT Score: _____
GRE Score: _____
SAT Score: _____

Have you ever or do you currently reside in Baldwin County, Georgia? Y N

For how long? _____

If not a current resident, please list applicable years: _____

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- 1. The attached application and all requested attachments must be completed for consideration of award.**
- 2. Recipients must be enrolled in a healthcare or healthcare related field of study.**
- 3. A minimum of two years toward a program should be completed to demonstrate commitment to the particular field of study for undergraduate programs. All graduate program students who have been accepted into the selected graduate program meet this qualification.**
- 4. Preference will be given to Baldwin County, Georgia current or former residents, but in the absence of qualified candidates from this area, other applicant qualifications will be considered.**
- 5. Deadline for application submission is May 31st, 2017.**



OCONEE REGIONAL

HEALTHCARE FOUNDATION