

## COMMERCE CARDIOLOGY CLINIC SCHOLARSHIP

Commerce Cardiology Clinic is offering a scholarship of \$1,500.00 for one year to an eligible high school graduate from Banks or Jackson County who is interested in a career in health care services.

### REQUIREMENTS:

- (1) The recipient must be a resident of Jackson or Banks County.
- (2) Must be at least a high school graduate or a graduating senior.
- (3) Received acceptance from a college, university or technical school.
- (4) Must have taken the SAT exam during high school and submit grade with application.
- (5) File application on or before March 31st, to: Commerce Cardiology Clinic; 170 Cardiology Place; P.O. Box 359; Commerce, GA 30529.

This scholarship in the amount of \$1,500.00 will be sent to the institution where the student is accepted. It must be utilized within the same school year as awarded or it shall be forfeited.

The scholarship money will be awarded in two installments. The first installment of \$750.00 will be awarded at the beginning of the semester or quarter and the remaining \$750.00 will be awarded upon receipt of satisfactory grades (3.0 or B minimum average).

All applications, accompanied by three letters of character references, SAT scores, and school transcripts must be returned to the COMMERCE CARDIOLOGY CLINIC by March 31st. All applications become the property of COMMERCE CARDIOLOGY CLINIC and will not be returned.

All applications, after completion and review, shall be considered based on the following:

- (1) SAT scores
- (2) High school grades and class rank
- (3) Extra curricular activities
- (4) Need
- (5) Character references and personal interview

The COMMERCE CARDIOLOGY CLINIC has the final authority in this matter.

**CERTIFICATION**

Applicant's statement:

In case I am granted aid through COMMERCE CARDIOLOGY CLINIC SCHOLARSHIP FUND I hereby certify that:

(1) I am in need of the aid in order to enroll in a college, technical school or university.

(2) I am, or will be, properly enrolled as defined by the Office of the Registrar at \_\_\_\_\_  
(name of college/technical/university)  
during the \_\_\_\_\_ quarter of the academic year \_\_\_\_\_  
which begins \_\_\_\_\_.

(3) I agree to send a copy of my grades to COMMERCE CARDIOLOGY CLINIC at the end of each quarter or semester.

(4) I hereby acknowledge that the information submitted herewith is true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of witness)

NOTARY PUBLIC:

**EDUCATIONAL EXPERIENCES:**

(1) Beginning with senior year in high school, list all schools attended to present:

Schools	Dates	Degree/diploma
_____	_____	_____
_____	_____	_____

(2) What is your degree objective? \_\_\_\_\_

(3) What is your major field of study? \_\_\_\_\_

(4) During the period for which you are applying for this scholarship, will you be a full time \_\_\_\_\_ or part time \_\_\_\_\_ student?

(5) Grade point average \_\_\_\_\_. Please indicate if this average is from high school or college \_\_\_\_\_.

(6) Honors, achievements, and extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_

(7) List all scholarships or other financial aid which you now hold or have previously held. Include student assistantships and college work-study.

\_\_\_\_\_  
\_\_\_\_\_

(8) List any scholarships, loans, or assistance from sources for which you have applied for the period covered by this application:

Type of Aid	Source
_____	_____
_____	_____

COMMERCE CARDIOLOGY CLINIC

DATE \_\_\_\_\_

PERSONAL INFORMATION:

- (1) Full Name \_\_\_\_\_
- (2) School and address \_\_\_\_\_  
\_\_\_\_\_
- (3) Permanent address \_\_\_\_\_  
\_\_\_\_\_
- (4) Phone number \_\_\_\_\_ Date of Birth \_\_\_\_\_
- (5) Social Security Number \_\_\_\_\_
- (6) City and State of birth \_\_\_\_\_
- (7) Full name of parent (guardian) \_\_\_\_\_  
\_\_\_\_\_
- (8) Permanent address of parent (guardian) \_\_\_\_\_  
\_\_\_\_\_
- (9) Please list a brother, sister, or other relative/close friend, other than your parents or another student, who will likely keep in touch with you if your permanent address is changed. \_\_\_\_\_  
\_\_\_\_\_
- (10) If you are married, give full name (or maiden name) of spouse \_\_\_\_\_
- (11) Please give the names and addresses of three persons in your community as character references, other than relatives:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_