

## ***Southeast Georgia Health System/NAACP Brunswick Branch Scholarship for Clinical Education***

*In Honor of*

*Inez Bouncer, Gladys Chaney, Venus Holmes, Isadora Hunter, C.A. Lee, and Geneva Lyde*

Thank you for applying for the Southeast Georgia Health System/NAACP Brunswick Branch Scholarship for Clinical Education. This scholarship is in honor of African-American women, Inez Bouncer, Gladys Chaney, Venus Holmes, Isadora Hunter, C.A. Lee, and Geneva Lyde, who have been trailblazers within the Brunswick community in the areas of civic leadership, higher education, and youth empowerment. This scholarship is awarded annually to two outstanding African-American students who are pursuing a degree in Nursing or a field of Health and Science and who are striving to be leaders in the community. The award in the amount of \$1000 annually is dispersed after the receipt of enrollment verification. Pending on annual funding, a student may be eligible for up to four years of scholarship support as determined by the selection committee, provided that all eligibility requirements are met and a new application may be submitted for each year. Please read all instructions before completing the application. All applicable criteria below must be met to be eligible for this scholarship. Verify by placing a check in the box next to each item.

### **I. Scholarship Criteria (Please check each box that applies):**

- An African-American
- A graduating Glynn County high school senior pursuing a degree in Nursing or in the field of Health and Science
- Minimum SAT Reading and Math score of 1,000 (High School Senior or College Freshman only) and/or
- Minimum ACT Composite score of 21 (High School Senior or College freshman only)
- Enrolled as a Full time college student with a permanent Glynn County address pursuing a degree in Nursing or in the field of Health and Science - (College Applicant only)

### **II. Essential Items (Initial Applicant Only)**

All of the following items must be included with your application in order for it to be considered. Verify by placing a check in the box next to each item. Recommendations should address your achievements, character, attitude, and behavior. Letters must be on official letterhead from the school or organization and written within three months prior to the application deadline. No copies will be accepted. The signature of the person writing the letter must be on the letter. No stamped signatures accepted. Make sure to submit no more than three Church/Community/Employment/Extracurricular Activity Verification Forms – only one per category.

- Photo attached to Application
- Autobiographical summary including academic/career goals, preparation towards career goal, extracurricular activities/public service involvement, work experiences, and honors/rewards. (Double space typed and Times New Roman – 12 Font).
- Essay. Double space typed and Times New Roman – 12 Font, must be at least 500 words, but no more than 1000 words – choose 1 topic from the following:

- a. Which African-American in the field of health and science, inspired you to become a healthcare professional and why?
  - b. Briefly describe a current medical issue that is affecting the African-American community and tell what you would do as a future healthcare professional to solve or diminish the issue?
  - c. As a healthcare professional, how will you utilize your skills to be a leader in your community?
  - d. Why I deserve this scholarship?
- Official high school with ACT/SAT test scores/College transcript (*with unbroken seal*)
  - Two letters of recommendation on an official letterhead (These letters must not be dated earlier than 3 months prior to the deadline of the year applying, and they **cannot** be from someone who is related to the applicant): Recommendations could be from the following: a (n) administrator, counselor, professor, teacher, clergy, or an organization verifying public service involvement.
  - Verification forms of Church/Community/Employment/Extracurricular Activities. Limited to 3 forms –No more than one per category.

**III. If Renewing Scholarship, please submit the following only:**

- Application (*pages 3-5*)
- A Final College transcript (*with unbroken seal or sent electronically directly from the school*)
- Maintain at least a 2.5 GPA
- Full time enrollment
- Be in Good Standing
- Verification forms of Church/Employment/Extracurricular Activities. Limited to 3 forms – No more than one per category.

**IV. Deadline:** Received/Postmarked no later than **April 1<sup>st</sup> for new applicants** and **May 15<sup>th</sup> for returning students**. Application received after this date will be retained as alternates.

**V. Mailing Information**

Mail completed packet to: Brunswick Branch  
National Association for the Advancement of Colored People  
Scholarship Committee  
PO Box 2992  
Brunswick, GA 31521

The scholarship are awarded based on an applicant’s scholarship score (a combination of grade point average and scholarship essay score) along with any other specific scholarship requirements. The application packet becomes the property of the Brunswick Branch of the NAACP. The Brunswick Branch of the NAACP will not attempt to join application materials submitted separately. Preference is given to students apply before the priority deadline. Scholarship award notices will be provided to applicants prior to enrollment. Payments will be made directly to the school after the receipt of enrollment verification.

**Note:** All items must be submitted as one complete application package (pages 3-8). Incomplete packets will not be considered. If there are questions regarding the application process, contact our Scholarship Chairperson: Dr. Gwendolyn Atkinson at [gwen8889@bellsouth.net](mailto:gwen8889@bellsouth.net) or 912-230-1608.



**II. Institutions of Higher Learning where you have been accepted or plan to attend:  
(High School Applicants Only)**

1. Name of Institution: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name of Institution: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**III. Leadership, Volunteer/Academic Service Activities (Renewing Applicants Only)**

1. List honors and awards received.

2. List extracurricular activities/church organizations/community services and office(s) held if any:

**IV. Family Information (High School Applicants Only)**

Name of parent(s) or guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Email Address (if different from student): \_\_\_\_\_

**V. Certification and Media Consent and Release**

- I certify that the information given above is true and correct.
- I hereby grant permission for my name and/or photographs/digital images of me or prepared by me for use in promotional or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I further release and relieve Southeast Georgia Health System and the Brunswick Branch of the NAACP, its Scholarship Committee Members and other representatives from any liabilities, arising from the misuse of this material.
- I understand that if awarded, the funds will be sent directly to the college or university. It will be my responsibility to have verification of "full time" enrollment mailed directly to our mailing address from the college or university each semester.
- I certify that I have read the Certification and Media Consent and Release Liability statement and fully understand its terms and conditions.

**Print and Sign Name:**

\_\_\_\_\_  
(Print Student's Name) (Date)

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian's Signature -if applicant under the age of 18) (Date)

**Note:** All items must be submitted as one complete application package. Incomplete packets will not be considered. If there are questions regarding the application process, contact our Scholarship Chairperson: Dr. Gwendolyn Atkinson at [gwen8889@bellsouth.net](mailto:gwen8889@bellsouth.net) or 912-230-1608.

**Church/Community/Employment/Extracurricular Activity Verification Form**

**I. Completed by the Applicant**

Name of Activity, Church or Organization \_\_\_\_\_

Brief Description of Purpose or Function \_\_\_\_\_

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

Participation Date(s) \_\_\_\_\_

Position Held (if any) \_\_\_\_\_

Duties and Responsibilities

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**II. Completed by Organization (Advisor, Sponsor, Representative)**

Name of Advisor, Sponsor, Representative \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Number \_\_\_\_\_

I verify that this student has participated in this activity or volunteered their time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Participation Dates \_\_\_\_\_

Position Held (if any) \_\_\_\_\_

Duties and Responsibilities

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Date