

**GRAND STRAND MEDICAL CENTER
VOLUNTEER AUXILIARY**

802 – 82ND By-Pass
Myrtle Beach, SC 29572

The Grand Strand Medical Center Volunteer Auxiliary (GSMCVA) is dedicated to assisting local students and residents in funding their education towards a career in healthcare. Please complete the **entire** application and email it to the Committee at GSMCAuxiliary@gmail.com or give to security at the front desk, for consideration. An incomplete application will not be considered for an award. If you have any questions, please do not hesitate to email the Auxiliary.

Our application schedule is as follows:

Spring Semester: Application Due Date – October 31st
 Awards Granted – November 30th

Fall Semester: Application Due Date – June 30th
 Awards Granted – July 31st

The Auxiliary committee will do their very best to help you attain your career goals.

Sincerely,

Grand Strand Medical Center
Volunteer Auxiliary

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Application for Scholarship

1. The Grand Strand Medical Center Volunteer Auxiliary (GSMCVA) will provide up to \$1,500.00 per semester for students accepted into the scholarship program for each calendar year.
2. Applicants are welcome to apply each semester they are pursuing an under-graduate degree in a healthcare related field.
 - a. It is recommended that applicants have a GPA of 3.25 or higher to apply, though all completed application will be considered.
 - b. Are enrolled or applying for admission to an accredited educational institute.
 - c. Are residents of Horry or Georgetown counties.

Exceptions to these criteria's may be considered

3. Applicants must indicate and provide evidence they have been accepted or enrolled in a healthcare related program and their anticipated graduation date.
4. Students will advise the GSMCVA if:
 - a. Course major/field of study changes or they withdraw from school.
 - b. Changes to address. Phone number or e-mail.
5. All decisions relating to the awarding of scholarship are at the discretion of the GSMCV Auxiliary Board.

I certify I have given the information on the attached application freely and to the best of my knowledge all statements made by me are accurate and verifiable.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Application for Scholarship

Full Legal Name: _____

Address: _____

Phone # _____ Email: _____

Current Employer: _____
(If applicable)

Supervisors Name: _____ Contact # _____

Most recent High School, College or other Educational Institution:

Year Graduated: _____ GPA: (if less than two years ago) _____

Have you been accepted to a College or University: _____?

Name of Institution & Program enrolled in: _____

Date classes commenced or will commence: _____

List of academic achievements: _____

Include the following with your completed application:

1. A letter of reference (Not a Relative) from a teacher, pastor, employer, medical professional or similar individual.
2. Your most recent academic transcripts if you have any.
3. Evidence of your acceptance or your current attendance at college or university in a healthcare field of studies.
4. A brief statement (100 to 150) words or less, outlining why you are pursuing a career in healthcare and any relevant information you would like the Auxiliary to consider.