

## Sally M. Johnson Scholarship for Hospital Employees

### Application Instructions

Applications available: Website: [nchcherokeeauxiliary.com](http://nchcherokeeauxiliary.com)

1. Responses are to be **typed or printed legibly**.
2. Submit all of the following no later than **May 17, 2024**:
  - Mail a completed application or scan a completed application and email to address below
  - Two letters of recommendation
  - An OFFICAL transcript from your current educational institution or
  - 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 in-person interviews for finalists on or before June 28, 2024.
4. All interviewed applicants will be notified in writing of the status of their scholarship application by the committee no later than July 12, 2024.
5. 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      Ellen S. Salas

## Sally M. Johnson Scholarship for Hospital Employees

### Requirements

Eligibility criteria for Northside Hospital Cherokee Auxiliary Scholarship:

1. Applicant must be **pursuing a degree or certificate in the health-care profession.**
2. Applicant must have a **minimum GPA of 3.0, if applicable.**
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.
5. Applicant **must be employed** at Northside Cherokee Hospital in good standing.
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. Finalists must be available for an interview on a date in April to be determined.
9. Awardee must grant written permission for name and photo to be published.
10. The Scholarship awardees are highly encouraged to attend the annual Northside Hospital Cherokee Auxiliary luncheon in July.



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### PERSONAL INFORMATION:

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

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

3. Permanent Address \_\_\_\_\_

( Street)

(City)

( Zip)

4. Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

5. Email: \_\_\_\_\_

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

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

8. Resident Status [ ☐ ] Citizen of U.S. [ ☐ ] Permanent resident

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

10. Declaration:

- I am employed at Northside Hospital Cherokee in good standing Yes \_\_\_\_\_ No \_\_\_\_\_



NORTHSIDE HOSPITAL  
CHEROKEE  
AUXILIARY

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**EDUCATIONAL INFORMATION**

- Name and address of educational institution enrolled in for fall semester

\_\_\_\_\_

- Current or projected course of study \_\_\_\_\_
- Address of FINANCIAL AID OFFICE (Required)

\_\_\_\_\_

- Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_ Expected graduation date \_\_\_\_\_
- College or university ID number \_\_\_\_\_

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

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

Employer	Dates Employed	Position	Reason for Leaving

**PERSONAL ACCOMPLISHMENTS**

VOLUNTEER ORGANIZATION	DESCRIBE RESPONSIBILITIES	DATES/ FREQUENCY

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

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**SHARE YOUR REASONS FOR BEING IN THE HEALTH-CARE PROFESSION**

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**DESCRIBE YOUR FUTURE PROFESSIONAL GOALS**

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**DESCRIBE HOW YOU HAVE DEMONSTRATED LEADERSHIP**

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### REQUIRED TWO LETTERS OF RECOMMENDATION:

We require **two recommendations, one from each of the following:**

Direct Supervisor/Manager (mandatory)

**And one of the following:**

A Community Leader, Mentor, or Spiritual Leader

Written Recommendations should address your

- **Qualities of Leadership**
- **Quality of Work**
- **Patient Relations**
- **Participation in Hospital and Community Activities**
- **Character**

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

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

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

\_\_\_\_\_

Address	City	State	Zip Code
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Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

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

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

\_\_\_\_\_

Address	City	State	Zip Code
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Email: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_



## **2018 Sally M. Johnson Scholarship Application Agreement**

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

If I am an awardee, I understand that the scholarship will be paid directly to the financial aid office of the educational institution if it meets the criteria as stated in the Northside Hospital Cherokee Auxiliary Scholarship Requirements.

I agree to attend, if possible, 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 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.

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

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Signature of Scholarship Applicant

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Date