



**Piedmont Newton Hospital  
Covington, Georgia**

**Health Careers Scholarship Guidelines**

**Purpose:** To provide financial assistance to Newton County High School students in their pursuit of a career in healthcare.

**Application information:**

- **Applications are available online at** <https://www.piedmont.org/media/file/Newton-Scholarship-Application.pdf>
- **Application Deadline: 4:30 p.m., Friday, March 1<sup>st</sup>, 2024. Late applications will not be accepted.**
  - **By Mail:** Piedmont Newton Hospital 5126 Hospital Drive, Covington, GA 30014. Attn: Sherry Daniel
  - **Email:** [sherry.daniel@piedmont.org](mailto:sherry.daniel@piedmont.org)
  - **Drop Off:** Piedmont Newton Knox Center information desk – 5126 Hospital Drive, Covington, GA 30014. Attn: Sherry Daniel

**To be included with application:**

- One letter of recommendation from a teacher or school counselor
- Official transcript showing a minimum GPA of 3.0
- **Application must be complete in order to be considered**

**Eligibility:**

- Must attend a Newton County high school, public or private
- Minimum grade point average of 3.0. Official school transcript required

**Scholarship selection is based on:**

- Scholastic record
- Character
- Leadership Qualities
- Participation in student and community activities
- Interest and knowledge of health career
- A personal interview with the Scholarship Committee

**Number of scholarships awarded annually and redemption information:**

Up to four \$1,500 Piedmont Newton Healthcare scholarships are awarded annually. The award is made payable during the fall academic period to the recipient's school/institution upon receipt of verification of acceptance. A copy of your acceptance letter, school Id # and the school's financial office mailing address are required in order to mail scholarship funds.

**Selection Process:**

Applicants selected as recipients will be notified via letter and email. Presentation of the scholarship award will be made on the appropriate day when student honors are acknowledged. After acceptance of the scholarship, recipients are strongly encouraged to respond with a letter of acknowledgement to Piedmont Newton Hospital 5126 Hospital Drive Covington, Georgia 30014.



# Health Careers Scholarship Program Application Form

**Application Due Date: March 1<sup>st</sup> 2024**  
**(Late applications will not be accepted.)**

PLACE A  
SCHOOL PICUTURE  
OF YOURSELF HERE

Please type or print. Use NA for non-applicable.

Full Name: \_\_\_\_\_

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

Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

High School currently attending: \_\_\_\_\_

1. What is your professional goal \_\_\_\_\_  
\_\_\_\_\_.

2. Health Career you are interested in and write a brief statement describing why you have chosen this career. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the factors which influenced your decision to pursue this health care career.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What school do you plan on attending in the fall? \_\_\_\_\_ and have you been accepted? \_\_\_\_\_

5. List honors (academic or otherwise) and dates received.

**Honor**

**Date Received**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. List your club and organizations affiliations and any leader roles you held in each.

_____	_____
_____	_____
_____	_____
_____	_____

7. List volunteer/extracurricular activities/jobs and dates in which you have participated with.

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

8. What are your hobbies and special interests? \_\_\_\_\_  
\_\_\_\_\_

9. Describe why you think you should be considered for this scholarship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare that the information reported is true, correct and complete.**

Candidates Signature: \_\_\_\_\_

Date: \_\_\_\_\_