



-APPLICATION FOR OCCUPATIONS SCHOLARSHIP-

(All information will be held in a confidential manner by Children's Healthcare of Atlanta)

All sections of this form must be completed for participant's consideration. Return application along with essay, transcript, résumé, and references as indicated at bottom of page.

Application deadline: Monday, January 14, 2008

Personal Data

Full Name _____ Social Security # _____

Current Address _____

Phone Number _____ Alternate Telephone _____

Email address _____

Academic Data

Name of Current School _____

Anticipated graduation date _____

HOSA Chapter Advisor _____

Years Enrolled in HOSA _____

Educational Degree(s) pursuing _____

Deliverables

- **An essay (500 words or less, double spaced, 10 inch font) discussing the following:**
Why you want to be a/an _____ (healthcare profession of choice) and what qualities you possess that would make you a contributing member of that healthcare profession.
- **Official high school or post-secondary school transcript**
- **Two letters of recommendation*** (sealed by the author)
- **Current résumé** (including any volunteer experience)

I declare that the information reported is true and correct to the best of my knowledge. I authorize Children's Healthcare of Atlanta to verify the information through necessary means.

Signature of Applicant _____ Date _____

Please Submit All Information to:
Christina Darby, College & Event Recruitment Coordinator
Meleesa Salcedo, Recruiter
Children's Healthcare of Atlanta
1600 Tullie Circle, Atlanta, Georgia 30329
Telephone 404-785-7814 Fax 404-785-7799
