



Michael Miller Memorial Scholarship

BENEFITTING SOUTHEAST HEALTH TEENAGE VOLUNTEERS

Application

1. Applicants must:

- a. be a graduating high school senior or above.
- b. be a current member of the Southeast Health teenage volunteer program and in good standing.
- c. have served a minimum of 30 volunteer hours per year through the teen volunteer program.
- d. have been accepted as a full-time student at any accredited technical school, college or university with the intention of attaining a degree in selected field of study.
- e. complete an application.
- f. submit two letters of recommendation.
- g. in essay format (minimum of 500 words) tell us why you should be selected to receive a Michael Miller Memorial Scholarship (MMMS), including the career path you've selected, why you selected this career, what steps you plan to take to achieve your career goals, and how their time in the TAV volunteer program impacted their life.

2. Applicants will be evaluated based upon a number of factors including academic record, extracurricular activities, leadership qualities, community service, recommendations, and the applicant's essay.

3. Dependents of Scholarship Selection Committee members may not apply. **For the purpose of this scholarship a dependent is defined as a person who relies on someone else for financial support and can include children or other relatives.*

4. Scholarships will be awarded based upon the Blind Application and Selection Guidelines of the Scholarship Selection Committee.

5. Scholarship recipient will be granted an award of \$2,000 to meet normal educational expenses.

6. Completed application packets must be postmarked or received at the address at the bottom of this form by March 1. Applications received after this date and incomplete applications will not be considered.

7. Recipients will be announced in spring of each year. Funds will be disbursed directly to the applicant's institution. Any scholarship funds unused or unclaimed by December 31 will return to the scholarship fund. Any exception to this process must be approved by the Southeast Health Foundation Board of Trustees at their November meeting.

Please submit your completed application by March 1 to:

Southeast Health Medical Center,

Attn: Volunteer Services, 1108 Ross Clark Circle, Dothan, AL 36301

For additional information, contact Southeast Health Volunteer Services at (334) 793-8122.



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Scholarship Application Checklist

Completed application packets must include the following:

- Scholarship Application Form A
- Scholarship Application Form B
- Two letters of recommendation from responsible adults (other than your family members) who are in a position to make statements about your qualifications for this award. Please list their names, addresses, and occupations below. Include at least one faculty member or Guidance Counselor at your school.

1. _____

2. _____

- An official transcript from the high school(s) you attended.

If the application packet is **not** completed when it is submitted, it will be disposed of without consideration. Please be sure your application packet is complete when you submit it.

**Please submit your completed application by March 1 to:
Southeast Health Medical Center,
Attn: Volunteer Services, 1108 Ross Clark Circle, Dothan, AL 36301**

**For additional information, contact Southeast Health Volunteer Services at
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Application

Michael Miller Memorial Scholarship Application Form A

In accordance with the Blind Application and Selection Guidelines of the Michael Miller Memorial Scholarship, the personal information contained in Form A of the application form will remain with the Volunteer Services office and not be made available to the Scholarship Selection Committee.

Full Name: _____
Last First Middle Initial

Address: _____
Street

City State Zip

Phone: _____ Cell Phone: _____

Email: _____

Name of Parent(s) or Guardian(s): _____

I have read the enclosed scholarship guidelines and ask that I be considered for an award with a full understanding of the conditions. Also, I hereby authorize my high school(s), its faculty member(s), and their authorized personnel to release my grades, course information, and other information from my student record(s) to the Southeast Health Foundation in order to determine my qualifications for this award. I understand that evaluations will be kept confidential, and I waive any right of access to them.

Applicants Signature: _____ Date: _____

I have read the enclosed scholarship guidelines and give my permission for the minor listed above to be considered for this scholarship. I hereby consent to the release to the Southeast Health Foundation of all such information requested by it in order to determine the student's qualification for this award.

Parent or Guardian Signature: _____ Date: _____

Michael Miller Memorial Scholarship Application Form B

The Scholarship Administration Committee, prior to review by the Scholarship Selection Committee, will delete all information from this form that identifies the applicant. In accordance with the Blind Application and Selection Guidelines of this scholarship, please do not include personal information here that would identify you. Please thoroughly complete the eight sections below.

1. Complete the following:

Start date in the TAV Program _____.

Number of volunteer hours completed in the TAV program _____.

2. Complete the following about the school or college you plan to attend:

Name of institution: _____

Address: _____

Anticipated Course of Study: _____

Expected Graduation Date: _____

Anticipated Career: _____

I will live: On campus With my parents In my own household

3. High School Academic History

Institution	Dates Attended	GPA

4. Academic Record

List any academic recognitions and honors you have received.

5. Extracurricular Activities

List each one, including clubs, sports, academic teams, student government, etc. and describe your participation (number of years and involvement).

6. Leadership Record

Provide information on the leadership positions you have held during the past four (4) years. Include positions in your school and your community, and your length of service. Describe the contribution you made while serving as a leader of the organization. Place particular emphasis on any new activities you initiated.
