



Application Received:
Information Comp:
Interview:
CC:
<b>OFFICE USE ONLY</b>

**Walter Scott Foundation  
Scholarship Application**

Scholarship application, letter of recommendation, and essay ***must*** be submitted by **May 31<sup>st</sup>** of current year.

Name \_\_\_\_\_ Date \_\_\_\_\_ Employee # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Current Position \_\_\_\_\_ Hire Date \_\_\_\_\_

Job Status: (Circle One)    FT    PT

Accredited College or University attending: \_\_\_\_\_

Expected Graduation Date (MM/YY): \_\_\_\_\_ **(Please attach Letter of Acceptance)**

Nursing Degree pursuing:

\_\_\_\_\_ Associate's Degree                      \_\_\_\_\_ Bachelor's Degree

\_\_\_\_\_ Master's Degree                         \_\_\_\_\_ Doctorate

Previous Education Information

College Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Current Grade Point Average: \_\_\_\_\_

I would like to be on scholarship for \_\_\_\_\_ semesters/quarters beginning with the \_\_\_\_\_ semester/quarter.  
(Fall, Winter, Etc. & Year)                      (circle one)

WORK EXPERIENCE

Employer:	Address:
Job Title:	Supervisor's Name/Title:
Dates of Employment: From:                      To:	Duties:
Employer:	Address:
Job Title:	Supervisor's Name/Title:
Dates of Employment: From:                      To:	Duties:
Employer:	Address:
Job Title:	Supervisor's Name/Title:
Dates of Employment: From:                      To:	Duties:

I believe I am deserving of a Walter Scott Foundation Scholarship because: (350 words or less – you may attach additional page if needed.)

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Have you ever been discharged from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic violation); pled guilty; no contest; been given deferred adjudication; or, been found guilty of a crime in a court of law? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a relative of anyone working for SAMC? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information about your relative:

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

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_ I have read and understand the requirements for the Walter Scott Foundation Scholarship.

\_\_\_\_\_ I certify that all information contained in this application is true, correct and falsification of information may result in denial and/or corrective action.

\_\_\_\_\_ I understand that my coursework must not interfere with my job responsibilities and/or job schedule.

\_\_\_\_\_ I understand there is a commitment to continue my part-time or full-time employment with Southeast Health for 1 year upon completion of coursework associated with this award.

\_\_\_\_\_ I understand that the Walter Scott Foundation Scholarship reserves the right to amend or terminate the offering of the Walter Scott Foundation Scholarship at any time.

\_\_\_\_\_ I understand that this is not a contract of employment, and that all employment with Southeast Health is voluntary and at-will, meaning that I or Southeast Health have the right to terminate the employment relationship at any time, for any reason or no reason, and that this agreement does not alter that at-will employment relationship.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Return application to:**

Southeast Health Foundation  
Attn: Amy Bunting, Director  
1922 Fairview Ave.  
Dothan, AL 36301

**Deadline for Application:**

**May 31<sup>st</sup> of current year**

334.673.4150  
sehealthfoundation@southeasthealth.org