



# The Jay Shaw Scholarship

## Application

1. **Deadline** for scholarship applications is a postmarked date of **Monday, April 2, 2018**.
2. Refer to application process below for a list of the supporting documents needed (i.e. reference forms, evidence of GPA, etc.). Incomplete applications will not be considered.
3. Type or print legibly. Illegible applications will not be considered.
4. You will be notified by phone or email by **Friday, April 27, 2018** regarding the status of your application.
5. If you have any questions about the application, please call **229.433.1071** or email **philanthropy@sgmc.org**.

**Purpose:** Jay Shaw had many roles in the community. While taking on all these roles, he influenced many people at all levels of the community and the state. This scholarship is a memorial for Representative Shaw's hard work and dedication to the citizens of South Georgia and rural healthcare. He was an advocate at the State level for healthcare and particularly the hospitals in South Georgia.

**Financial Assistance:** Based on academic performance and desired career field.

**Scholarship Details:** The mission of this scholarship is *to equip a person to serve in the medical field in our community*. It will be awarded to a graduating senior at Lanier County High School that is planning on attending a post-secondary institution located in the state of Georgia in hopes of obtaining a degree in any medical field. While funds are available, the recipient will be awarded \$1,000 per semester up to 8 consecutive semesters for post-secondary institutions that are on the semester system and \$666.67 per quarter for 12 consecutive quarters while carrying a full class load and maintaining a 3.0 GPA and pursuing a degree in the medical field.

**Criteria:**

- Senior at Lanier County High School that is planning to attend a post-secondary institution located in the state of Georgia to pursue a degree in the medical field
- GPA between 3.0 and 4.0
- Official High School Transcript
- Proof of Acceptance to a post-secondary institution located in the state of Georgia
- Student must carry a full class load (min 12 hours) each semester (fall and spring)
- (1) Letter of Recommendation from someone not listed as a reference



# The Jay Shaw Scholarship

## Personal Information

<b>Last Name:</b>		<b>First Name:</b>			
<b>Current Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Cell Phone:</b>			<b>Email:</b>		
<b>Home Phone:</b>			<b>Date of Birth:</b>		

## Education

### ***Post-secondary institution you will attend next academic year:***

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

Part-time:  Full-time:  Total # of Hours per semester: \_\_\_\_\_

Graduation Date (expected): \_\_\_\_\_ GPA: \_\_\_\_\_ (if current freshman)

Please Note: You will be required to provide a copy of your letter of acceptance to one of the required post-secondary institution. You must carry a full class load (min 12 hours).

### ***High School where you are currently enrolled:***

Name: \_\_\_\_\_ Diploma Type: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

Please Note: You will be required to provide your High School transcript.

## Honors, Awards, Grants, and Scholarships:

<b>Name of Award</b>	<b>Date</b>	<b>Additional Information</b>

**Extra-curricular or other school-related activities (include clubs, leadership positions held):**


**Community Service or Civic Involvement**

<b>Business or Leadership Group</b>	<b>Role or Position</b>	<b>Description of services provided</b>	<b>Year in school or Dates involved</b>

**References**

**(1) Academic**

Name:			
Position:			
Institution/Agency:			
Phone:		Email:	

## (2) Personal

Name:			
Address			
City, State, Zip:			
Phone:		Email:	

### Essay Requirement

Please write on the following topic: **Please tell us why you want to pursue a degree in the medical field?**

(Suggested length: 500 words maximum).

Please type and attach with the submitted application.

### Applicant's Statement

I certify that I am in need of the Jay Shaw Scholarship to continue my education in a medical field. If granted, I understand the payment will be made directly to the post-secondary institution specified each semester or quarter. I understand that misrepresentation of facts called for on this application will eliminate me from further consideration, and if awarded the scholarship, will be cause for revocation of same. I agree to inform the JSSF committee in the event that **a)** my education program is interrupted or terminated, **b)** my current address or telephone number changes, **c)** my major/specialization changes, **d)** my schedule drops below a full class load, **e)** my GPA drops below a 3.0. **If I am awarded the JSSF Scholarship, I agree to submit at the conclusion of the scholarship year a)** a report on how the awarded funds were expended and **b)** a transcript from the education institutions attended during the scholarship year.

**All applications and materials become the property of The Jay Shaw Scholarship Fund upon submission. JSSF may publish portions of my essay, without my name, in promotional materials.**

Please check one (This will have no bearing upon scholarship consideration):

*I grant permission to publish my name and/or likeness when publicly announcing scholarship winners*

*I would prefer to NOT publish my name and/or likeness when publicly announcing scholarship winners*

### Ways to submit your application:

**Email To:** [philanthropy@sgmc.org](mailto:philanthropy@sgmc.org) | subject line: JSSF Application

**Drop Off:** SGMC Foundation | Administrative Services Building | 201 Pendleton Drive, Suite 100 | Valdosta, GA 31602

**Mail To:** SGMC Foundation | P.O. Box 1727 | Valdosta, GA 31603

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

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