

Rhodes Medical Scholarship Foundation, LLC

P.O. Box 176, Washington, GA 30673

You are applying for the Rhodes Medical Scholarship Foundation funding. It was Mr. and Mrs. Jack Rhodes' vision to provide this opportunity to support Wilkes County residents in their continued employment in the medical field. This Continuing Education Reimbursement will provide funding for those expenses that were not reimbursed by the employer that are required to maintain current certifications.

Continuing Education Reimbursement Application Procedures **(Please read carefully!)**

As part of your application, please submit the following documents:

1. Proof of current employment within the medical field. (Pay stub, letter from employer, etc.).
2. Proof of Wilkes County residency. This can be an official ID that includes address, utility bill, or other documentation to prove residence.
3. Paid receipts for continuing education expenses from the previous 12 months prior to the application Deadline (May 1st of previous year to April 30th of current year). Please note that these expenses should not have been reimbursed by your employer.
4. Completed application. Please print or type. All blanks must be completed.

All documentation, including the completed application should be mailed to the address below, postmarked by **March 31st of the current year.**

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Washington, GA 30673

The Foundation Scholarship Committee will review all fully completed applications and will send written notification to applicants who are approved to receive continuing education funding. Reimbursement amounts vary depending upon availability of funding and the number of applicants. Approval letters will be sent by May 31st. An applicant may re-apply the following year if they have unreimbursed continued education expenses in the previous calendar year.

Personal Information:

Full Name _____

Date of Birth _____

Home address _____
(Street)

(City) (State) (Zip)

Cell Phone number _____

Alternate Phone number _____

E-mail Address _____

Have you received reimbursement in prior years? (Circle one) yes no

If so, when? _____

Employment Information:

Current Employer _____

Address _____
(Street)

(City) (State) (Zip)

Occupation/Title: _____

Hire Date: _____

Expense Information:

Total Amount of Reimbursement requested: _____

To whom paid: _____

Explanation of expense(s):

EMPLOYEE'S UNDERSTANDING AND ACKNOWLEDGEMENT

(Please initial each statement)

I understand and agree that:

- _____ 1. I will provide additional personal and/or financial information to the Committee if requested.

- _____ 2. The award amount will be contingent upon the availability of funding and the number of applicants.

- _____ 3. The decision of the Scholarship Committee's award is final.

- _____ 4. All expenses submitted have not been reimbursed by my employer.

EMPLOYEE'S CERTIFICATION

I declare that the information reported herein is true, correct, and complete to the best of my knowledge and information. I further authorize the scholarship committee and its agents to verify any of the foregoing information.

Signature _____

Date _____