

# Rhodes Medical Scholarship Foundation, LLC

P.O. Box 176, Washington, GA 30673

---

You are applying for the Rhodes Medical Scholarship Foundation award. It was Mr. and Mrs. Jack Rhodes' vision to provide this scholarship opportunity to support Wilkes County residents in their pursuit of a medical degree/certification.

## **Education Scholarship Application Procedures (Please read carefully!):**

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

1. An application cover letter. Please state why you are going into your chosen medical field of study and why you should be selected for this scholarship. Please limit to one typewritten page.
2. Proof of Wilkes County residency. This can be an official ID that includes address, utility bill, or other documentation to prove residence. Proof of your parent's Wilkes County residency can be used if you are claimed as a tax dependent by them.
3. Two letters of reference from the following: teacher, counselor, employer, supervisor, or clergy.
4. Official proof of acceptance or current enrollment from the education institution you will attend.
5. Completed scholarship application. Please print or type. All blanks must be completed. Use N/A for not applicable.

For renewal of scholarship, please submit the following:

1. Completed scholarship application. Please print or type. All blanks must be completed. Use N/A for not applicable.
2. Official proof of acceptance or continued enrollment from the education institution you are attending.
3. Proof of Wilkes County residency. This can be an official ID that includes address, utility bill, or other documentation to prove residence. Proof of your parent's Wilkes County residency can be used if you are claimed as a tax dependent by them.

**All correspondence (reference letters, enrollment information, and application) should be mailed to the address below, postmarked by **March 31<sup>st</sup>** of the current year.**

**Rhodes Medical Scholarship Foundation, LLC  
P.O. Box 176  
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 the scholarship. Yearly scholarship 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 and, if approved, receive the scholarship for up to 4 years total.



3. List in chronological order all schools attended beginning with high school, addresses and degrees or diplomas granted:

Name	Address	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What honors (academic or otherwise) have you received and when?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Occupational Information:

1. In what health or science related fields or activities have you been involved for recreation, as a volunteer or as an employer.

Activity/Employer, Duties and Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List all jobs you have held in the past 5 years (dates, employer and type of work) and indicate whether they were full or part-time. Please include volunteer work.

Employer, Duties, and Dates of Employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

3. If you are not currently in school, how have you been occupied since leaving school?

---

---

---

---

---

**Family Support or Assistance:**

Do either of your parents provide or contribute in part or whole to your support and or education (i.e., are you claimed as a tax dependent on someone else's taxes?) (Circle One): Yes No

If yes, complete the following section:

1. Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_  
(Company name)

2. Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_  
(Company name) (Address)

3. Number and Ages of Siblings \_\_\_\_\_

How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

4. Do you contribute to the support of any other person(s) or have other financial obligations? Explain.

---

---

---

---

**STUDENT'S UNDERSTANDING AND ACKNOWLEDGEMENT**

(Please initial each statement)

I understand and agree that:

- \_\_\_\_\_ 1. The decision of the Scholarship Committee's award is final.
- \_\_\_\_\_ 2. I will provide additional personal and/or financial information to the Committee if requested.
- \_\_\_\_\_ 3. This scholarship is an annual award.
- \_\_\_\_\_ 4. In the event the student ceases course of study or fails to perform at acceptable levels, scholarship funding may be terminated.

**STUDENT'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 \_\_\_\_\_