



George E. Sims, Jr. Nursing Scholarship

Dear Applicant:

Thank you for your interest in a George E. Sims, Jr. Nursing Scholarship. Please follow the steps outlined below to insure further consideration:

1. The most important requirement for further consideration is to be accepted at an accredited school of nursing. If acceptance is pending, a written explanation must accompany your application form;
2. A **typed** application form;
3. A recent photograph (passport type) attached to the application in the appropriate space;
4. Copies of your SAT or ACT scores;
5. Copy of your high school transcript and, if appropriate, college or technical school transcript;
6. Three (3) letters of reference;
7. Completion of Nursing Aptitude Test and a copy attached (unless you are in nursing school).

A Nursing Aptitude Test score will be required from each applicant. To register for this test, which will be given at LaGrange College on Friday, January 29, 2010, please call Sharon Livingston, Assistant Dean, at 706-880-8006. The deadline for registration for this test is Friday, January 22, 2010. If you are not enrolled at LaGrange College, the fee for taking the test will be \$45.00.

If for any reason whatsoever, it is not possible for you to include the above information; a letter of explanation should be attached to the application.

Also, please be advised that the deadline for accepting applications is **Friday, February 12, 2010**. Any exception to this closing date must be approved in advance.

Gaylene Caldwell and I will be assisting you throughout the application process. If you have any questions or concerns, please feel free to call us at 706-845-3722. Good luck.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Fulks", written in a cursive style.

Jerry Fulks, President & CEO
Scholarship Committee



GEORGE E. SIMS, JR.

Nursing Scholarship Program

Sponsored by Fuller E. Callaway Foundation, LaGrange, Georgia

West Georgia Health

1514 Vernon Road, LaGrange, Georgia

PHILOSOPHY AND PURPOSE

The philosophy and purpose of the George E. Sims Nursing Scholarship Program is to:

1. Assist West Georgia Health System in maintaining its goal of providing quality care to its patients by providing, well educated, registered professional nurses.
2. Encourage and assist students to prepare themselves, through accredited schools of nursing, for careers as registered professional nurses.

APPLICATION

Applicants for scholarship awards must complete the application form provided by the Scholarship Committee.

Applicants are accepted only during the specified application period. This period is normally after January 1 of each year and advertised in local newspapers and on local radio stations. Normally, the scholarship will begin with the fall quarter of the application year.

Information and forms are available at the Administrative Offices of West Georgia Health System, 1514 Vernon Road, LaGrange, Georgia 30240.

Letters of reference are to be submitted with the application.

ELIGIBILITY REQUIREMENTS

Applicants must furnish satisfactory evidence of being accepted to an accredited School of Nursing.

BASIS OF AWARDS

Scholarship awards will be based on:

- 1) Scholastic records
- 2) Nursing Aptitude Test (may be required)
- 3) Character
- 4) Qualities of leadership
- 5) Participation in student and community activities
- 6) Personal interview by the Scholarship Committee or representatives of the Committee

SCHOLARSHIP AWARDS

The maximum amount of an award shall be the regular charges of the approved School of Nursing. These charges will be paid directly to the School of Nursing in accordance with the school's requirements.

Those receiving scholarship awards may attend any School of Nursing approved by the Scholarship Committee. Students will be expected to be enrolled for a full course of study during the period of the award.

Unless approved by the Scholarship Committee and with the exception of the Georgia Hope Scholarship Program, a recipient of an award will not be permitted to accept other scholarship funds or loans except from parents or the legal guardian.

Individuals who plan to attend a BSN program may apply for the scholarship upon successfully completing the first two years of the program.

WITHDRAWAL OF AWARDS

It will be necessary to withdraw a scholarship should a student fail to meet any requirements for continuance in the School of Nursing. Immediately upon drop-out or dismissal from the course of study, students will be obligated to repay, with interest, all amounts paid on their behalf under the scholarship award from the date of such payment or payments.

REPAYMENT OF SCHOLARSHIP AWARDS

Students receiving scholarship awards and who satisfactorily complete their course of study shall repay the scholarship award by working at West Georgia Health System as a registered professional nurse according to the following schedule:

Continuous Employment for	Course of study	
	1 year	2 year
6 Months	50%	
12 Months	100%	50%
18 Months		75%
24 Months		100%

Students should note that repayment of the scholarship award according to the above listed schedule will not be on a pro-rated basis, e.g. if student is a one year scholarship recipient and is continuously employed at West Georgia Health System for either six months or eleven months, student will be deemed to have repaid 50% of the scholarship award.

If employment at West Georgia Health System, is offered and not accepted, students who received scholarship awards shall repay, with interest, all amounts paid on their behalf under the scholarship award from the date of such payment or payments, immediately upon such non-acceptance of employment.

Students who receive scholarship awards and who satisfactorily complete their course of study, but are not selected to work at West Georgia Health System, shall immediately repay, with interest, all amounts, paid in their behalf under this scholarship award.

ADMINISTRATION

During the 40 years of the George E. Sims Nursing Scholarship Program, The Fuller E. Callaway Foundation has provided approximately \$13 million in nursing scholarship awards to approximately 1,065 students pursuing a nursing education in recognized schools of nursing.

The George E. Sims, Jr. Nursing Scholarship Program is administered by a Scholarship Committee. The decisions of this committee will be final in the administration of the Scholarship Program.

The right has been reserved to modify or discontinue the George E. Sims, Jr. Nursing Scholarship Program at any time except those scholarship awards previously awarded will be fulfilled.

GEORGE E. SIMS, JR. NURSING SCHOLARSHIP APPLICATION

Administered By
WEST GEORGIA HEALTH SYSTEM
LAGRANGE, GEORGIA

Sponsored By
FULLER E. CALLAWAY FOUNDATION
LAGRANGE, GEORGIA

COMMITTEE USE ONLY:			
DATE RECEIVED:	_____		
COMPLETE	___	SAT	___
		ACT	___
TRANSCRIPTS:	HIGH SCHOOL _____		
	COLLEGE _____		
	TECH. _____		
REFERENCE LETTERS	1. ___	2. ___	3. ___
SCHOOL ACCEPTANCE LETTER	_____		
TOTAL COST ESTIMATE	_____		
NUMBER OF YEARS REQUESTED	_____		

Please attach a recent photograph (passport type) of yourself here.

HOW DID YOU HEAR ABOUT THE SIMS PROGRAM?

West Georgia Health System web site _____
 Newspaper _____ Specify which one _____
 Word of Mouth _____ School _____
 Other _____

PLEASE PRINT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE

STREET ADDRESS	CITY	COUNTY	STATE
			ZIP CODE
			HOME PHONE

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY #	

MARITAL STATUS	IF MARRIED, PLEASE GIVE:	NAME OF SPOUSE	SOCIAL SECURITY #

SPOUSE'S PLACE OF EMPLOYMENT		SPOUSE'S POSITION	

IF SINGLE, PLEASE GIVE: FATHER'S FULL NAME		ADDRESS	SOCIAL SECURITY #

EMPLOYED BY	POSITION	HOME PHONE	

MOTHER'S FULL NAME		ADDRESS	SOCIAL SECURITY #

EMPLOYED BY	POSITION	HOME PHONE	

EDUCATION INFORMATION

NAME OF COLLEGE YOU ARE PRESENTLY ENROLLED IN, IF APPLICABLE:

NAME AND ADDRESS OF NURSING SCHOOL YOU ARE APPLYING TO: _____

DATE YOU EXPECT TO ENTER NURSING SCHOOL: _____

EXPECTED DATE OF COMPLETION: _____

HAVE YOU BEEN ACCEPTED FOR ADMISSION INTO THE SCHOOL'S NURSING PROGRAM? _____

NOTE: PLEASE ATTACH A LETTER OF ACCEPTANCE FROM THE SCHOOL OF NURSING. IF NOT YET ACCEPTED, PLEASE FORWARD LETTER AS SOON AS POSSIBLE.

LIST SCHOOLS ATTENDED AND ATTACH OR FORWARD A TRANSCRIPT OF HIGH SCHOOL, TECHNICAL SCHOOL, AND COLLEGE RECORDS.

	NAME OF SCHOOL	LOCATION	YEARS
ELEMENTARY	_____		
HIGH SCHOOL	_____		
COLLEGE	_____		
TECHNICAL SCHOOL	_____		
WHAT IS YOUR SAT SCORE?	_____	ACT SCORE?	_____

NOTE? IF YOU HAVE RECENTLY TAKEN THE SAT AND/OR ACT TEST, PLEASE FORWARD YOUR SCORES AS SOON AS POSSIBLE.

FINANCIAL INFORMATION

PLEASE ITEMIZE THE COST OF ATTENDING NURSING SCHOOL:

	FIRST YEAR	SECOND YEAR
TUITION	_____	_____
BOOKS	_____	_____
OTHER (ITEMIZE)	_____	_____
	_____	_____
TOTALS	_____	_____

FROM WHAT SOURCES DO YOU PROPOSE TO PAY EXPENSES OVER AND ABOVE A SCHOLARSHIP AWARD?

HAVE YOU BEEN GRANTED OR APPLIED FOR ANY OTHER FINANCIAL ASSISTANCE? _____ IF SO, PLEASE LIST.

LIST CURRENT FINANCIAL OBLIGATIONS: _____

WHO WILL SHARE THE RESPONSIBILITY OF REPAYMENT OF THIS SCHOLARSHIP, IF NECESSARY? _____

_____ ANNUAL INCOME OF PERSON(S) \$ _____

LIST WORK EXPERIENCE, INCLUDING PART-TIME: _____

REFERENCE INFORMATION

LIST THREE REFERENCES NOT RELATED TO YOU. ASK THEM TO SUBMIT A LETTER OF REFERENCE FOR YOU TO THE **GEORGE E. SIMS, JR. SCHOLARSHIP COMMITTEE, WEST GEORGIA HEALTH SYSTEM**, AT THE ADDRESS LISTED ON THE FOLLOWING PAGE. THIS LETTER SHOULD BE REGARDING YOUR APPLICATION FOR THE **GEORGE E. SIMS, JR. NURSING SCHOLARSHIP**.

NAME

ADDRESS

TE LEPHONE

PLEASE LIST EXTRA-CURRICULAR ACTIVITIES, HONORS RECEIVED, AND OFFICES HELD IN:

SCHOOL: _____

COMMUNITY: _____

CHURCH AFFILIATION: _____

