

Kimberley Chance Atkins Foundation Healthcare Scholarship

Mission

The Kimberley Chance Atkins Foundation Healthcare Scholarship was established in 2016 to recognize students who plan to pursue a career in healthcare. Kim Atkins was a beloved and respected teacher in Rockdale County for many years and was even recognized as a Teacher of the Year. During her battle with breast cancer she and her family depended on the care and compassion of many healthcare professionals. We seek to honor her love for students and her healthcare team by awarding a \$2,000 scholarship to eight deserving seniors each year. A scholarship is awarded to a student from each traditional high school and career academy in Rockdale and Newton Counties.

Eligibility Requirements

- Must be a Rockdale or Newton County resident and student
- Demonstrated community service in Rockdale or Newton County
- Anticipating completion of a high school diploma at the time of application with a minimum 2.5 GPA
- Plans to pursue post-secondary education in the healthcare field in an eligible degree or certificate program at an accredited institution

Note: The \$2,000 scholarship will be paid directly to the college or university.

To apply, you must follow these steps:

- Complete the application. Applicants can apply between Wednesday, January 23, 2019 and Wednesday, March 13, 2019. Final applications must be postmarked no later than **March 13, 2019**.
- Include with the application a narrative describing how your education, classes, and personal experiences have influenced you to pursue a career in the healthcare field. (Maximum 500 words)
- Include a copy of current official high school transcript (If selected, applicant must provide a copy of final transcripts certificate to demonstrate eligibility for post-secondary enrollment.)
- Provide two letters of recommendation – one must be from teacher and the other from an employer, community service/volunteer coordinator, pastor or other personal reference.
- Application process:
 - **Enter** the required information in the boxes below.
 - **Print out** the completed application form.
 - **Mail** this completed application form (signed by applicant, parent/guardian if applicable) with the necessary documents and materials including the narrative, two sealed letters of recommendations, current official high school transcript. **The package must be postmarked no later than March 13, 2019.**

The Kimberley Chance Atkins Healthcare Scholarship Committee will select the recipients and may include a personal interview as part of the process. The recipients will be announced in April 2019 at an evening reception at a time and date to be announced.

Application

***Kimberley Chance Atkins Foundation
Healthcare Scholarship***

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Birth Date: _____ Gender: _____

Educational Information:

School Name: _____

School Address: _____

Year Graduating: _____ GPA: _____

Name of your high school Counselor: _____

Are you a Rockdale Career Academy or Newton Career Academy HealthCare Pathway Completer? (Not a requirement) _____

College or Technical School to Attend: _____

City: _____ State: _____

Major:/Intended Major: _____ **Full-Time** or **Part-Time** (Circle one)

Community Involvement:

Please list your community service in Rockdale or Newton County.

Special Achievements/Honors and Recognition:

Please list any special achievements, honors and or recognition you have received.

Essay - Please respond to this question: How have your education, classes, and personal experiences influenced you to pursue a career in the healthcare field? Essay must be typed, double-spaced with a maximum of 500 words. Attach essay to your application.

Checklist for scholarship:

- 1) _____ Completed application form
- 2) _____ Essay (maximum 500 words)
- 3) _____ Transcript(s)
- 4) _____ Reference letters (two)

Signature of applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____
(If under age 18)

Please mail completed application and materials in one 9x12 envelope to:

Kimberley Chance Atkins Foundation

Healthcare Scholarship

PO Box 80039

Conyers, Georgia 30013

www.kimatkins.net

Incomplete applications will not be accepted.

Deadline: Postmarked no later than **March 13, 2019.**

If you have any questions, please email: brendasedwards@comcast.net