



Dear Scholarship Applicant:

The following information outlines the Sister Patricia Garrigan Scholarship application process. This scholarship is designed to assist individuals with cost of tuition and books for students who are pursuing health care careers.

The selection of the scholarship recipients is based on several criteria, including academic performance, leadership ability, references, essay, personal interview and financial need.

Please complete this application and return it with all the required materials to the St. Francis Foundation by June 30. If selected, there will be a required work commitment equal to the amount of time you are granted the scholarship. If you have additional questions, please call the St. Francis Foundation office at 706.653.9375.

Thank you for your interest in the Sister Patricia Garrigan Scholarship and future employment and growth with the St. Francis family.

Sincerely,

The St. Francis Foundation  
Scholarship Allocation Committee  
St. Francis Foundation  
706.653.9375

**ST. FRANCIS FOUNDATION  
SISTER PATRICIA GARRIGAN  
SCHOLARSHIP APPLICATION**

Scholarships will be awarded to students who have been accepted in an applicable professional program by an accredited college, university or health related technical school.

The Sister Patricia Garrigan Scholarship does not cover undergraduate, core curriculum.

The recipient must be studying one of the following:

- Laboratory/Research
- Radiology
- Physical Therapy
- Speech Therapy
- Surgical Technology
- Nursing
- Occupational Therapy
- Respiratory Therapy
- Pharmacy
- Other Health Related Fields

The scholarship funds are to be used for college tuition, fees and books. Tuition will be disbursed to the institution the recipient plans to attend on a payment schedule agreeable to the institution and the Scholarship Committee. Any unused scholarship payments will be refunded by the institution to the St. Francis Foundation and will at no time be refundable to the scholarship recipient.

The Scholarship Fund was established in 1993 in honor of Sister Patricia Garrigan who served twenty-two years as the Administrator of St. Francis Hospital. The purpose of this scholarship is to educate worthy students pursuing health care careers about the employment possibilities at St. Francis Hospital. The scholarship amount may vary according to need.

Application forms will be reviewed by the Foundation Scholarship Committee and must include:

- Completed Application Form
- Personal History – A one page personal profile, stressing factors relevant to your occupational choice and goals.
- Official written acceptance by an applicable professional program by an accredited school. The Sister Patricia Garrigan Scholarship does not cover tuition for core curriculum.
- Official transcripts showing a minimum grade point average of 2.5 on a 4.0 scale.
- Two (2) Letters of Recommendation sent directly to the St. Francis Scholarship Committee. Letters may be from teachers, college professors, supervisors and previous employers – not personal friends.

Scholarship finalists will have a personal interview with the St. Francis Foundation Scholarship Committee.

Application deadline is June 30.

All correspondence (application, history, transcripts, letter of acceptance, recommendations, etc.) should be mailed to:

**St. Francis Foundation  
Scholarship Committee  
Post Office Box 7000  
Columbus, Georgia 31908-7000**



**EDUCATION**

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What is your course of study? \_\_\_\_\_

Present Academic Level: \_\_\_\_\_ GPA: \_\_\_\_\_

What school will you attend for the next quarter/semester?  
\_\_\_\_\_

Full Time Student                       Part Time Student

If you are a part time student, what other responsibilities do you have? \_\_\_\_\_  
\_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Total amount required per quarter/semester:

Estimated Tuition \$ \_\_\_\_\_

Estimated Books \$ \_\_\_\_\_

List in chronological order all schools that you have attended beginning with high school. List the highest grade/year completed.

	<b>School Name</b>	<b>City/State</b>	<b>Dates Attended</b>	<b>Diploma Earned</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**EMPLOYMENT HISTORY**

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List all jobs you have held and indicate full time or part time.

	<b>Employer/Location</b>	<b>Position</b>	<b>Full Time/Part Time</b>	<b>Dates Employed</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**ACTIVITIES AND HONORS**

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In what health related field, activity or organization have you been involved for recreation or as a volunteer?

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What special recognition, honors or awards have you received in school and/or your job?

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**CONFIDENTIAL FINANCIAL INFORMATION**

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Do you have any other income sources?  Yes  No  
If yes, please list resource and amount:

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Will you be or are you receiving any other scholarships, loans, grants, stipends, etc.?

Yes  No  
If yes, please list resource and amount:

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I DECLARE THAT THE INFORMATION REPORTED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if under the age of 18 years)

\_\_\_\_\_  
Date