

GARRETT COUNTY STEPS TO BETTER HEALTH SCHOLARSHIP

Purpose:

To encourage Garrett County residents graduating high school (this includes home-schooled students) and/or non-traditional students to pursue a career in a health care field.

Applicant's Eligibility:

- Graduating high school seniors living in Garrett County
- Non-traditional student enrolled at Garrett College

Applicant's Qualifications:

- Cumulative GPA of 2.5 or higher
- Preference will be given to applicants who attended and/or volunteered at the Garrett County Health Fair in April. Applicant must check in at the registration table and sign the scholarship attendance form.
- Planning to major in a health related field at a two or four year college
- Demonstrates character and leadership
- Demonstrates involvement in extra-curricular and/or community activities

Applicant Requirements:

- Completed application
- List of activities, awards, and achievements
- Short essay (less than 250 words) about yourself, family, achievements, and interests related to health and wellness
- List of future plans and goals
- One letter of recommendation emailed to gchd.admin@maryland.gov by the writer
- Official high school transcript

Scholarship Award:

- One \$500 scholarship for a Garrett College non-traditional student
- Two \$500 scholarships for graduating High School seniors

GARRETT COUNTY STEPS TO BETTER HEALTH SCHOLARSHIP APPLICATION

INSTRUCTIONS:

Please complete the following application. Print or type clearly. Submit the completed application with all applicable signatures. **Please note, the application is two pages.** If this application is incomplete, inaccurate, unreadable, or does not contain the proper signatures, it will not be considered. **Applicants must be a 2020 Garrett County high school or home-schooled graduate or a non-traditional student.**

PERSONAL INFORMATION:

Applicant's full name: _____

Father or guardian: _____

Mother or guardian: _____

Home address: If PO Box list street address: _____

City: _____ State _____ Zip Code _____

Home Telephone: _____ Email: _____

Your Birthdate: _____ Do you live at home? Yes _____ No _____
If no, please give details:

Have you ever been convicted of a crime, drug, or alcohol use? Yes _____ No _____
If yes, please give details:

HIGH SCHOOL AND ACADEMIC INFORMATION

School you will or have graduated from: _____ Date of Graduation _____

GPA: _____ Letters of recommendation from a medical professional Yes _____ No _____

On a separate sheet/s of paper, list your high school activities, awards, and achievements. Also include a short essay (less than 250 words) about yourself, family, achievements, and interests related to health and wellness. List your future plans and goals. Ask a teacher, pastor, friend, etc. to write a letter of recommendation and email it to the address at the end of this application. **ALSO INCLUDE AN OFFICIAL HIGH SCHOOL TRANSCRIPT.**

*Extra consideration will be given to applicants that participate in the Garrett County Health Fair.

Did you attend the 2020 Garrett County Health Fair? Yes _____ No _____

Did you volunteer at the 2020 Garrett County Health Fair? Yes _____ No _____

ACADEMIC INFORMATION

Are you applying to a college? Yes _____ No _____

If you have been accepted at a school, please list school's name. _____

Major: _____

AUTHORIZATION INFORMATION

_____(initial) I release to the Garrett County Steps Committee the right to access all my current and ongoing personal records and transcripts. I understand that I must meet scholarship criteria.

_____(initial) I understand my name and information from academic history may be released to the Garrett County Steps Committee. I also understand that if selected as one of the finalists I may have to appear before the above mentioned committee. I also understand that my name, story, and pictures for printed and video materials and press releases (without compensation); as well as attending ceremonies and receptions, may be used.

STUDENT SIGNATURE _____ **DATE** _____

FATHER OR GUARDIAN SIGNATURE _____ **DATE** _____

MOTHER OR GUARDIAN SIGNATURE _____ **DATE** _____

DEADLINE APRIL 20, 2020

Send completed applications, transcripts and inquiries to: gchd.admin@maryland.gov

Applications and transcripts may also be submitted to:

Administration (STEPS Scholarship)
Garrett County Health Department
1025 Memorial Drive
Oakland, MD 21550