

Helping students pursue Nursing degrees

Angeline “Angie” Gault Tillman

NURSING SCHOLARSHIP

Awarded annually, the Angeline “Angie” Gault Tillman Nursing Scholarship provides \$2,500 for students pursuing degrees in nursing.

Eligibility

Applicants must:

1. Be a graduating senior.
2. Be a Williamson County resident, a dependent of a WMC employee, or a WMC junior volunteer.
3. Have at least a 3.0 grade point average.
4. Intend to enroll as a full-time student at an accredited college or university in Tennessee to pursue a nursing degree. The scholarship is awarded contingent upon proof of acceptance into an approved nursing program.

Additional Information

- Scholarship finalists are required to interview with the scholarship committee at WMC.
- Only complete applications will be considered. Applications must be postmarked by March 15.
- For more information, call WMC’s Volunteer Program senior coordinator at 615.435.5429.

Entry Materials

Send completed applications to the address below. Applications must include:

- Typed or hand-printed completed application form (must be legible) with signatures from specified individuals.
- Official high school and college (if applicable) transcripts and ACT and/or SAT scores.
- Typed, double-spaced applicant essay explaining the qualities he or she would bring to the field of nursing. Limit is 300 words.
- Three letters of recommendation—one from a school counselor, one from a faculty member and/or employer, and one personal recommendation from someone other than a family member. Each original, signed letter must be mailed directly from the writer, postmarked by March 15, and sent to the address below.

*WMC Volunteer Auxiliary Scholarship Committee
4321 Carothers Parkway • Franklin, TN 37067*

Applications Available

Application forms are available in the main lobbies of Williamson Tower and Williamson Medical Center, in counselors’ offices at area high schools and online at williamsonmedicalcenter.org.

Williamson Medical Center’s Volunteer Auxiliary is pleased to present the Angeline “Angie” Gault Tillman Nursing Scholarship.

Angie Tillman began volunteering at Williamson Medical Center in August 1981. She volunteered for 22 years, working as a Patient Services and Information Desk volunteer before she passed away Feb. 25, 2003. Angie donated 14,762 hours of loyal service to the staff and patients at Williamson Medical Center, which is equivalent to seven years of full-



time work. She dedicated her life to helping others and enjoyed watching young people pursue

their education. Angie served as an officer of WMC’s Volunteer Auxiliary and as chairwoman of various committees. This scholarship is offered in her honor for the time and devotion she gave to Williamson Medical Center.

In honor of Angie Tillman, this scholarship provides financial aid for students pursuing nursing degrees.



Williamson Medical Center is a 185-bed hospital fully accredited by The Joint Commission that provides comprehensive inpatient and outpatient services, including emergency services, with credentialed physicians in 53 specialties and sub-specialties. The community-focused hospital offers a wide range of wellness services, screenings and classes. For more information, visit www.williamsonmedicalcenter.org.



**Angeline "Angie" Gault Tillman
2010 Nursing Scholarship Application
Sponsored by the Williamson Medical Center Volunteer Auxiliary**

Eligibility

The Angie Tillman Nursing Scholarship is designed to help students pursue nursing degrees. Applicants must:

1. Be a graduating senior.
2. Be a Williamson County resident, dependent of WMC employee, or a WMC junior volunteer.
3. Have a minimum of a 3.0 grade point average.
4. Intend to enroll as a full-time student at an accredited college or university in Tennessee to pursue a nursing degree. The scholarship is awarded contingent upon proof of acceptance into an approved nursing program.

Name _____

Birthday _____ Home phone _____ Cell phone _____

Address _____
Street City State Zip

E-mail _____

Parent(s) or Guardian(s) Name(s) _____

Address _____
Street City State Zip

Educational background

High school _____ Graduation Date _____

Address _____
Street City State Zip

GPA _____ ACT score _____ SAT score _____
Optional

List school-related activities and/or organizations in which you have participated. Include sports, student government, etc. within the last four years. Attach an additional sheet if necessary.

Name of organization/activity	Year(s) participated

List awards, honors or offices held within the last four years. Attach an additional sheet if necessary.

Awards/honors	Year

List community activities/organizations, volunteer projects or programs in which you have participated within the last four years. Include work history. Attach an additional sheet if necessary.

Community activities/organizations	Participation level/Position/Job Title	Years participated

To which accredited school of nursing have you been accepted? (Attach letter of acceptance)

Include with this application a written essay of 300 words or less responding to the following:

When did you first realize you wanted to be a nurse, and what led you to this decision?
 What qualities would you bring to the field of nursing?

Criteria for Selection

Only complete applications will be considered. All materials must be postmarked by March 15, 2010. Scholarships are awarded on the basis of academic merit, career interest and interview results. Winners will be selected and notified by phone with written confirmation to follow no later than May 1, 2010.

For more information, call WMC's Volunteer Program senior coordinator at 615.435.5429.

Consent for Release of Information

I hereby consent to the release of any information in connection with the foregoing application that in the sole judgment of Williamson Medical Center Volunteer Auxiliary Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Williamson Medical Center Volunteer Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for a scholarship and for no other purpose.

Signature of applicant _____ **Date** _____

Parent/Guardian statement

I have read this scholarship application and confirm the accuracy of its contents.

Signature of parent(s) _____ **Date** _____
or guardian(s) _____ **Date** _____

Applications must be postmarked by March 15, 2010, and returned to the following address:

**Williamson Medical Center Volunteer Auxiliary
 Scholarship Committee
 4321 Carothers Parkway
 Franklin, TN 37067**