

Williamson Medical Center's Volunteer Auxiliary is pleased to present the Angie Tillman Nursing Scholarship, providing scholarships for students pursuing a BSN degree. One student will receive a scholarship totaling \$10,000. The recipient will receive \$2,500 each year for four years, as long as he or she maintains academic and eligibility requirements.

Eligibility

Applicants must meet the following criteria:

1. Be a graduating senior.
2. A Williamson County resident, a dependent of a WMC employee, or a junior volunteer.
3. Have at least a 3.5 cumulative grade point average.
4. Intend to enroll as a full-time student at an accredited college or university in Tennessee to pursue a BSN degree.

Additional Information

- Scholarship finalists are required to interview with the scholarship committee at Williamson Medical Center.
- Only complete applications (including entry materials) received by the deadline will be considered. Applications must be postmarked by March 15, 2019.
- For more information call Angie Birkemeyer-Jones, WMC's Volunteer Program senior coordinator, at 615.435.5429.

Entry Materials

Applications must include:

- Typed completed application form with signatures from specified individuals.
- Sealed official high school and college (if applicable) transcripts and ACT and/or SAT scores.
- Copy of college/university acceptance letter.
- Typed, double-spaced applicant essay explaining the qualities he or she would bring to the field of nursing. Limit is 300 words.
- Minimum of 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.

Send completed application and all accompanying materials in a single envelope to:

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





Angeline "Angie" Gault Tillman Nursing Scholarship Application

Sponsored by the Williamson Medical Center Volunteer Auxiliary

Eligibility

The Angie Tillman Nursing Scholarship is designed to help students who are pursuing a BSN degree. Applicants must meet all of the following criteria:

1. Be a graduating high school senior.
2. Be a (please check one):
 - Williamson County resident; dependent of WMC employee; WMC junior volunteer
3. Have a minimum of a 3.5 cumulative grade point average.
4. Intend to enroll as a full-time student at an accredited college or university **in Tennessee** to pursue a BSN degree.

Name _____

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 college/university 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 (including entry materials) postmarked by the deadline will be considered. Applications must be postmarked by March 15, 2019, and returned with all the entry materials in a single envelope.

Scholarships are awarded on the basis of academic merit, career interest and interview results. Recipients will be selected and notified by phone with written confirmation to follow no later than May 17, 2019.

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, 2019, and returned with all the entry materials in a single envelope to the following address:

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