March 8, 2016

Dear Colleague:

The Scholarship committee of Health First’s Cape Canaveral Hospital Auxiliary is pleased to offer the Gladys Mosher Award for $1,500 to two deserving students interested in continuing their education in the health care field. The applicant must be a Central Brevard County resident. For our purposes, Central Brevard includes Cape Canaveral, Cocoa, Cocoa Beach, Merritt Island, Port St. John, Rockledge and Sharpes.

Enclosed you will find an application form to be completed for consideration for the award. Please feel free to make additional copies of the form for interested students. All applications from previous years should be destroyed. The application must be completed and returned to:

Health First’s Cape Canaveral Hospital Auxiliary
Attn: Scholarship Committee
701 W. Cocoa Beach Causeway
Cocoa Beach, Florida 32931

The completed application must be postmarked no later than April 15, 2016. We hope your school will be interested in participating in our scholarship program. Please call the Auxiliary office if you have any questions or concerns at 321.799.7167.

Sincerely,

Leonne Sherr, Manager Volunteer Services
Health First’s Cape Canaveral Hospital Auxiliary
Scholarship Committee

OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED TO SUBMISSION
HEALTH FIRST’S CAPE CANAVERAL HOSPITAL AUXILIARY
GLADYS MOSHER AWARD for CONTINUING EDUCATION

This scholarship was established by the Health First’s Cape Canaveral Hospital Auxiliary in 1996 to honor the memory of Gladys Mosher, a former teacher and past president of the Auxiliary, and all other auxiliary members who have gone before and given dedicated service to the hospital. The scholarship shall be awarded annually to a deserving student interested in continuing his/her education in the health care field.

The following information is required to access your application for educational financial assistance through the Health First’s Cape Canaveral Hospital Auxiliary. Information provided will be used to assess both need and achievement. All information provided will be considered confidential.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 15, 2016

PLEASE PRINT

_______________________________ ______ ___________ ___________ __________
NAME    TELEPHONE  DATE OF BIRTH

ADDRESS        APT.   CITY                   STATE              ZIP

HIGH SCHOOL ATTENDED            ADDRESS    CITY STATE        ZIP

GPA    DATE OF GRADUATION  SOCIAL SECURITY

COLLEGE ATTENDING EXPECTED GRADUATION DATE  GPA

DEGREE UPON COMPLETION OF PROGRAM

ACADEMIC AWARDS AND HONORS


EXTRACURRICULAR & COMMUNITY ACTIVITIES


LIST OTHER GRANTS OR SCHOLARSHIPS YOU ARE RECEIVING


Page 2 of 5
**ELIGIBILITY**

- Applicant must be a Central Brevard County resident. (Cape Canaveral, Cocoa, Cocoa Beach, Merritt Island, Rockledge, Sharpes)
- Applicant must be enrolled /attending an accredited college or university.
- Applicant must have a GPA of 3.0 or higher.
- Must be seeking a career in health care.

**TERMS**

- Candidate must complete the application and include all the information requested.
- Candidate must not be receiving any full tuition scholarship.
- If recipient fails to complete the semester, he/she may be requested to repay the full amount of scholarship award.

**SELECTION OF RECIPIENT**

- Selection shall be based on academic record, financial need, community service, character, sincerity and career goals.
- Finalist may be called in for a personal interview.
- The decision of the Scholarship Committee with the approval of the Board of Directors of Health First’s Cape Canaveral Hospital Auxiliary shall be final.

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH APPLICATION:**

- College transcript
- Three letters of reference, including one from a teacher or guidance counselor
- A paragraph stating why you need this scholarship
- A brief essay titled “My professional and personal goals”

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

I HEREBY ALLOW THE SCHOLARSHIP COMMITTEE TO REVIEW MY APPLICATION, TRANSSCRIPTS ON FILE AND OTHER PERTINENT INFORMATION. I HEREBY ATTEST THAT ALL SUBMITTED INFORMATION IS TRUE AND THAT I AGREE TO THE TERMS OF THE SCHOLARSHIP

____________________________________    _____________________
Signature       Date
Privacy Act Statement:
Authority to request this information is derived from 5 U.S.C §301 Department of Regulations. Purpose of the request is to obtain information about academic performance of an applicant and it will be used by the scholarship sponsoring organization to evaluate applicant’s academic achievement. Applicant must authorize release of transcript data.

The below named School has my permission to release my official transcript to the scholarship sponsor given below:

Name of School____________________________________________________________________________________

Signature of Student______________________________________________________________________________

Instructions:
School officials are requested to complete this form, attach a copy of the student’s official transcript, including grades achieved, and forward to the scholarship sponsor provided by the students. Transcripts must be mailed no later than April 15, 2015

Mail to: Health First’s Cape Canaveral Hospital Auxiliary
        Att: Scholarship Committee
        701 West Cocoa Beach Causeway
        Cocoa Beach, FL 32931

**PLEASE PROVIDE THE FOLLOWING INFORMATION EVEN IF GIVEN ON THE TRANSCRIPT**

Student’s Name (first, middle, last)
______________________________________________________________________________________________

Dates of attendance: From: ______________________ To:__________________________________________

Relative grade point average: college Entrance Scores (Use CEEB/SAT or ACT scores only)

CEEB/SAT verbal _________ CEEB/SAT math___________ Date of Test________

ACT composite _____________ Date of Test________

Please add any sponsor remarks that may be beneficial to scholarship: ______________________________
____________________________________________________________________________________________
____________________________________________________________________________________________