



THE SAMUEL M. GOODRICH M.D. ENDOWED HEALTHCARE SCHOLARSHIP

It is with great pleasure that the Oconee Regional Healthcare Foundation presents the Samuel M. Goodrich M.D. Endowed Healthcare Scholarship as an opportunity to assist students who are enrolled in healthcare-related studies. This scholarship is in honor of Dr. Goodrich, an extraordinary physician who was an esteemed community leader and practitioner of women's health care for 40 years in Baldwin County, Georgia.

Scholarships will be made in amounts ranging from \$1,000 to \$5,000 for the 2010 - 2011 academic year.

This package of information includes application guidelines and requirements, as well as the scholarship application itself.

GUIDELINES

1. The attached application and all requested attachments must be completed for consideration of award;
2. Recipients must be enrolled in a healthcare or healthcare-related field of study;
3. A minimum of two years toward a program should be completed to demonstrate commitment to the particular field of study for undergraduate programs. All graduate program students meet this qualification;
4. Preference will be given to Baldwin County, Georgia current or former residents, but in the absence of qualified candidates from this area, other applicant qualifications will be considered;
5. Deadline for application submission is **April 16th, 2010**.

For more information on the Goodrich Endowed Healthcare Scholarship, contact Constance Pitirri-Wilson by e-mail at cwilson@ormcinc.org or by phone at 478-456-9866.

THE SAMUEL M. GOODRICH ENDOWED HEALTHCARE SCHOLARSHIP APPLICATION

For Academic Year 2010-2011

Please complete all questions

1) Applicant Name: _____

2) Address: _____

3) Telephone: _____ Email Address (Optional): _____

4) SSN: _____ Gender: M F

5) Current Degree Program: _____

6) Current School: _____

7) High School Attended: _____

GPA: _____

8) College(s) Attended: _____

GPA: _____

GPA: _____

GPA: _____

PLEASE PROVIDE COPIES OF ALL COLLEGE TRANSCRIPTS

9) Have you ever received a needs based scholarship? Y N

If applicable:

MCAT Score: _____

GRE Score: _____

SAT Score: _____

10) Are you now, or have you ever been, a resident of Baldwin County, Georgia? Y N

For how long? _____

If not a current resident, please list applicable years: _____

