

**BILL AND MUFF GAFFORD MEMORIAL
SCHOLARSHIP FUND**

CRITERIA FOR APPLICATION

The Bill and Muff Gafford Memorial Scholarship is awarded to junior or senior students enrolled in an approved nursing or radiology school in Alabama.

All information on the application **must** be completed. A CERTIFIED copy of your most recent transcript from radiology/nursing school or college **must** be submitted with your application (*applicants should have at least a 3.0 grade point average*). **Three** references [only one from instructors and two from outside persons], such as an instructor, long-term acquaintance (i.e., clergy or physician), or a medical related professional who the applicant currently works with or has worked with in the past (i.e., supervisor or chief radiology tech) **must** be received. **NOTE: The reference persons must send a letter in order for your application to be considered. It is the student's responsibility to see that these letters are submitted by the deadline date.** You may collect the letters and send in with the application or you may have the references mailed directly to the following:

Ms. Toni Price
Northport Medical Center
2700 Hospital Drive
Northport, AL 35476

If you have any questions, please call Ms. Price at 205-333-4515.

**GAFFORD MEMORIAL SCHOLARSHIP FUND
APPLICATION FOR SCHOLARSHIP
NORTHPORT MEDICAL CENTER**

Last Name _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Are you a U.S. Citizen? Yes _____ No _____

Parent's Name(s) _____

Spouse's Name _____ Number of Minor Dependents _____

Education

School	Name	City	State	Dates Attended	Graduated	Diploma/Degree	Major Courses
High School							
Business School							
Prof. (Ns., Rad, Medicine)							
Other							
Occupational History							

Activities and Achievements

List any community services in which you participated, any awards you have received, any position of office, any achievement you have accomplished or any other details which should be considered in view of your qualifications (Use additional sheet(s) if necessary).

References

Submit **THREE** references naming person from:

- High School and/or college (such as a counselor or last course instructor)

ONLY ONE REFERENCE FROM INSTRUCTORS

- Long-term acquaintance (such as physician or clergyman)
- Healthcare (i.e., possible nursing unit head nurse or supervisor)
- If you have not worked in the healthcare field, one reference of your choice

NAME	WHERE EMPLOYED	ADDRESS	PHONE NUMBER

General Information

Write a short narrative of your goals and objectives for the future.

Comments regarding financial need:

Application Validation Statement

(PLEASE READ CAREFULLY)

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant Northport Medical Center the permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application and I agree to abide by and comply with all of the rules and policies set up by the Scholarship Committee.

Signature

Date