Georgia Hospice & Palliative Care Organization

Anthony Leatherwood Memorial Scholarship

Please type or print legibly and be sure to complete all sections. If a section or question does not apply, please write N/A. Incomplete applications will not be considered.

SECTION I

NOMINEE'S PERSONAL INFORMATION

1. Full Name: _____
2. Professional Credentials: _____
3. Nominee Address: _____
   Street or P.O. Box County

   _____
   City State Zip
4. Nominee Phone: _____ _____ _____
   Home Phone Work Phone Cell Phone
5. Nominee Email: _____
6. Has the nominee previously applied for a scholarship through the GHPCO?
   ☐ Yes ☐ No
   If yes, were they awarded a scholarship? ☐ Yes ☐ No
7. Are you applying for yourself or on behalf of someone else for a scholarship?
   ☐ Applying for Myself ☐ Nominating Someone Else
8. If you are nominating someone else what is your:

   Full Name: _____
   Professional Credentials: _____
   Hospice Agency: _____
   Your Title: _____
   Work Phone: _____
   Cell Phone: _____
   Email: _____

EMPLOYER / WORK HISTORY INFORMATION

1. Name of Nominee's Employer/Agency: _____
2. Employer's Address: _____
   Street or P.O. Box County

   _____
   City State Zip

3. Work Phone: _____

4. Employer/Agency Administrator's Name:_____

5. Employer/Agency Administrator's Phone:_____

6. How long has the nominee been employed at this agency? _____

7. How long has the nominee served in the hospice and/or palliative care field?_____

8. Type of Agency: ☐ Hospice Only ☐ Palliative Care Only ☐ Both ☐ Neither*

   *If neither explain:_____

9. Nominee's Professional/Career Goal(s):

   _____

   _____

10. Please list nominee's most recent employers, including the last three years.

Employer Name	City & State	Dates Employed	Title/Discipline	Full or Part Time

11. List all civic organizations, community service, and volunteer activities the nominee has participated in over the past three years.

Organization Name	City & State	Dates From m/y to m/y	Approx Hours Logged	Activity

12. **Professional Involvement:** (list) – Please list any professional involvement the nominee has with hospice/palliative care organizations and/or committees below and please specify role.

Professional/ Committee Involvement	Role	Dates From m/y to m/y

13. **Honor/Awards/Certifications** – Please list any honors, awards, and certifications pertaining to hospice/palliative care the nominee has earned.

Honor/Awards	Issued by	Date Issued

14. Using only one sentence, explain what makes this nominee outstanding.

_____

_____

Section II

15. ESSAY (Required to be considered)

It is important for any individual working in hospice and palliative care to embody certain qualities. Some of those qualities are:

1. **Promotes and advances their profession in a positive way in the practice setting and/or community and actively seeks ways to support hospice and palliative care.**
2. **Demonstrates integrity, honesty, and accountability and promotes ethical practices.**
3. **Displays commitment to patients, families, and colleagues.**
4. **Demonstrates caring and assists others to grow and develop.**
5. **Radiates energy and enthusiasm and makes a difference in the overall outcomes of the organization.**

Essay Guidelines:

- Write an essay that depicts a clear picture of how the nominee embraces and depicts each quality. The essay should be inclusive of all 5 characteristics listed above.

- The essay should be no less than 400 words.

- The essay may be typed/printed on separate pages or handwritten on the blank pages provided. If handwritten the application will be discarded if the writing is not legible.

- In order for the application to be considered, the essay **MUST** be attached and submitted at the same time as the completed application. Essays not received with the application will be discarded.

Applicant's Signature: _____ Date: _____/_____/_____