

The Anne Deason Healthcare Scholarship

The Anne Deason Healthcare Scholarship is an award of up to \$5,000 per year granted to a college junior, senior or graduate student from Dickson, Hickman or Humphreys County who is working to obtain a degree in a field related to healthcare. Recipients must demonstrate academic achievement and have a significant amount of expense that is not being met by other scholarships or financial aid. All candidates must have been a resident of Dickson, Hickman or Humphreys Counties in Tennessee for a minimum of one year prior to applying. Students who receive the scholarship may reapply each year as long as they are in school; their selection as the continuing recipient will be at the discretion of the Goodlark Educational Foundation Board of Directors. Applicants may also apply for a regular Goodlark Foundation scholarship, but may not be awarded both.

The deadline to apply for this scholarship is March 31st

Applicants should include:

- This completed application with additional sheets of explanation as needed
- A grade transcript from the applicant's most recently completed semester
- A copy of the student's completed FAFSA Student Aid Report (SAR) showing the calculated EFC (Expected Family Contribution). The SAR should be at least three pages long
- Two letters of recommendation from professors or professionals who can speak to the applicant's ability to excel in their chosen healthcare field

All applications and supporting documents should be sent to the Goodlark Educational Foundation at 445 Hwy 46 South; Suite 29 #213; Dickson, TN 37055 and must be postmarked by March 31st. **Finalists for the award will be interviewed in person by the board.**

I, (please print name) _____, certify that the information provided on this application is correct. Should this information change, I will immediately notify the Goodlark Educational Foundation. I have read and understand the requirements for applying for this scholarship.

Signature of Applicant

Date of Signature

Signature of Parent if applicant is under age 24

Date of Signature

Full Name _____

Mailing Address _____

Telephone _____ Cell Phone _____

Email address _____

When, and for what length of time, did you live in Dickson, Hickman or Humphreys County? _____

High School _____ Year of Graduation _____ ACT/SAT Score _____

Undergraduate University _____ Graduate Year _____

Degree _____ Major _____ GPA _____

Graduate School (*if applicable*) _____ Graduate Year _____

Degree _____ Major _____ GPA _____

Expected Graduation Date at Current School, if not noted above _____

Student ID at Current School _____

Mother's name _____ (*If applicant is under age 24*)

Occupation _____ Place of employment _____

Father's name _____ (*If applicant is under age 24*)

Occupation _____ Place of employment _____

Spouse's Name _____ (*If applicable*)

Occupation _____ Place of employment _____

Who is paying for your college expenses? (*Please mark all who will contribute*)

Mother Father Step-parent Guardian Spouse Self Other _____

Have you already accumulated school debt? Yes No How much? _____

Number of brothers or sisters currently enrolled in college? _____

Have you ever received a Goodlark Scholarship? _____ If so, what year(s)? _____

List your employment history since high school:

Name: _____

List all honors and awards which you have received in college and graduate school (attach additional sheets if necessary):

Have you had emergency or extraordinary expenses that affect your ability to pay for school? If so, please explain (attach additional sheets if necessary):

Please tell us why you chose the healthcare-related field you hope to enter, and how you would like to apply your degree (attach additional sheets if necessary). Where do you see yourself in five years?

Name: _____

FINANCIAL AID AND SCHOLARSHIP SUMMATION

Please list all financial aid which has been awarded at this time. If you expect to receive this aid but have not been notified of the exact amount, please put an asterisk (*) in the blank. All amounts should be *per year*, not per semester. Notify the foundation of any changes in this information that occur after your application is submitted.

Federal Aid:

Federal Pell Grant: _____ FSEOG (Grant): _____
Academic Competitiveness Grant: _____
National SMART Grant: _____
Federal Work-Study: _____ Other: _____

State Aid:

TN Student Assistance Award (TSAA): _____
TN HOPE Scholarship (Lottery Scholarship): _____
 General Assembly Merit Scholarship (supplement): _____
 ASPIRE Award (supplement): _____
TN HOPE Access Grant: _____
TN HOPE Foster Child Tuition Grant: _____
Wilder-Naifeh Technical Skills Grant: _____
Other: _____

Financial Aid for Veterans and Their Dependents: _____

Will you receive reduced tuition because of where your parents or spouse work? If so, please explain.

Please list all scholarships which have been awarded at this time and the amounts awarded. All amounts should be *per year*, not per semester.

Scholarships Offered by Your College: _____

Private Scholarships: _____

List all scholarships for which you have applied but which have not yet been awarded: _____

*For more information, call (615) 446-9156 or email goodlark@bellsouth.net.
The Goodlark Educational Foundation does not discriminate on the basis of age, sex, race or religion.*