HCA FLORIDA FORT WALTON-DESTIN HOSPITAL

2026 AUXILIARY SCHOLARSHIP AGREEMENT

I UNDERSTAND AND AGREE THAT:

This scholarship is based upon certain academic, service and need criteria.

Academic: Unweighted GPA of 3.2 or higher and acceptable scores on college entrance exams.

Service: Demonstrated commitment to the pursuit of a career in human health.

Need: Financial aid in order to attend a college or university.

1. If I receive a full scholarship or ROTC scholarship, I **will not** be eligible to receive a scholarship.

2. If selected, I will provide the Auxiliary Scholarship Chairperson with the name of the school I will be attending, the planned date of enrollment, my student ID number, and the address of the school's Financial Aid Office.

3. Should I cease to attend the school of my choice and not transfer immediately to another accredited school, any monies remaining in this fund shall be returned to the HCA Florida Fort Walton-Destin Hospital Auxiliary scholarship fund.

Signature of Student_____

Signature of Parent/Guardian_____

Student E-Mail Address_____

SCHOLARSHIP CRITERIA

Dear Applicant,

Scholarships are awarded by the HCA Florida Fort Walton-Destin Hospital Auxiliary for study in human health related fields. Scholarship funds are to be used **only** for costs associated with tuition and books.

For 2025 the HCA Florida Fort Walton-Destin Hospital Auxiliary will be awarding the following scholarships:

Two $2000 scholarships will be awarded to graduating seniors who plan to obtain a college degree in a human health profession. Three $3000 scholarships will be awarded to volunteens who provided two years of service to the HCA Florida Fort Walton-Destin Hospital Volunteen program, in a career field of their choice.

ELIGIBILITY:

Applicants must be

1. A graduating senior attending Choctawhatchee High School or Fort Walton Beach High School.
2. Recommended by his/her high school.
3. Have applied to an institution of higher education.

Selection Procedure

1. Demonstrated an interest in a human health care career.
2. Grades and unweighted GPA.
3. Demonstrated qualities of high ethical character and leadership.'
4. ACT, PSAT or SAT scores.
5. Recommendations from school Administration and teachers.
6. Financial need.

Application Procedures

1. Complete the entire attached application, using additional pages if needed.
2. Include an **official, sealed transcript** of grades and academic history.
3. Include **two sealed and signed letters of recommendations** – one from the Principal/guidance counselor AND the other from one of your teachers.
4. The DEADLINE for returning completed applications is at 2:30p.m. on March 20, 2026. Incomplete or late applications will not be considered.

5. ** Return your application to either your school guidance counselor or to HCA Florida Fort Walton-Destin Hospital's Administration office, attention Vicki Tarro. DO NOT MAIL YOUR APPLICATION.

At the completion of the review process all recipients and their school guidance counselor will be notified by mail. The scholarships will be awarded in May during the respective schools' Senior Awards Assemblies.

Jennifer Meade

Application for Auxiliary Scholarship

Please print all information clearly. Attach additional sheets if necessary and please reference the question being answered.

Legal Name_____

Street Address_____

City, State, Zip_____

Cell/telephone number_____

Currently enrolled in a college or university? ___yes _____no If yes, please list the name _____

Will you be receiving any other funds for education assistance?

_____Yes _____No If yes, please list the type and amount:

_____

Father's Name_____

His Occupation_____ Annual Income_____

Mother's Name_____

Her Occupation_____ Annual Income_____

Number of siblings_____ Ages_____

Additional Comments_____

_____

High school attended: Name, City, State and dates attended:

Honor Societies, Memberships; Name, Date, Office Held:

Special Awards and Honors (Scholastic and Community):

Describe any activities related to health care you have participated in and the dates and location:

Explain what your education objective is, and why you ar interested in a career related to human health care:

List the colleges/universities or vocational/technical schools you have applied to for admission and their addresses:

1. _____

2. _____

3. _____

4. _____

I understand the information contained in this application will be held in the strictest confidence and I understand that if any of the information contained in this application to be contrary to fact, that it shall be cause to revoke any financial support that may have been offered.

_____ _____

Applicant Signature Date