



**Jeremiah's Hope Training Academy**  
**2800 University Boulevard, Suite 101**  
**Birmingham, AL 35233**  
**205-939-7233**

### **Health Career Scholarship**

Health Career Scholarships may be awarded to Alabama residents that have been accepted into the Jeremiah's Hope Academy program. Scholarships are merit and need based, and made available when sufficient funds are available in the Jeremiah's Hope Academy Scholarship Fund at the St. Vincent's Foundation. Scholarship awards are applied directly to Jeremiah's Hope Academy tuition and book charges; no cash awards go directly to awardees.

### **Eligibility for Scholarships**

1. Individual must have a current letter of acceptance to Jeremiah's Hope Academy.
2. Be eligible for employment in the United States.

### **Application Requirements**

1. Submit completed JHA Scholarship Application Form by published due date.

Submit three current letters of recommendation, from the following suggested list. No more than one letter can be submitted by a family member. (*\*Letters must be mailed or faxed directly to JHA by the person making reference.*)

- i. Director of Volunteer Services
  - ii. Employer
  - iii. Counselor/Advisor
  - iv. Teacher
  - v. Social Worker
  - vi. Pastor
  - vii. Relative/Friend
2. Submit copy of page 1 of the most recent 1040 Tax Return (for family, if applicant is a dependent).
3. Submit proof of application for WIA (Workforce Development) tuition support.
4. Submit an essay, 800 words or less, describing the impact that receiving health career training at Jeremiah's Hope Academy will have on your life, and the contribution you will be able to make to the community once certified to be employed in the health care field.

### **Application Process**

1. Applicants who meet the above criteria, and whose applications are complete by the published deadline date will be eligible for application review by the St. Vincent's Jeremiah's Hope Academy Scholarship Committee.
2. Applicants will be selected for awards after consideration of their financial need, commitment to completion of education, and plan to engage in the occupation. A completed scholarship application does not guarantee a scholarship award.
3. Recipients will be notified of the result of the selection process by mail, and will be required to sign a scholarship award agreement.
4. Scholarships will be awarded upon enrollment to JH Academy.
5. Scholarship recipient's photograph and name will appear in publications announcing the awards.

### **Requirements for Maintaining Scholarship Status**

1. Must maintain the status of "student in good standing" throughout the training program\*.
2. Must contribute to the community by accruing at least 10 hours of volunteer service or by working in a health-related field while enrolled at JHA.

(\* Student in Good Standing: No academic probation, meets all financial obligations without late fees or assessments, free of disciplinary actions, complies with all academy policies, and meets all program requirements.)

### **Application Form Attached**

**Please Note: All information is subject to verification**

# Jeremiah's Hope Training Academy

## Health Career Scholarship Application Form Part 1

All information submitted with this application is confidential. Please print clearly.

Expected Term for Enrollment in JHA: \_\_\_\_\_ Year: \_\_\_\_\_

### Personal Data

Name:

\_\_\_\_\_

Address: Last First Middle

\_\_\_\_\_

Street City Zip

County Phone number: U.S. Citizen [ ] yes [ ] no. [ ]

Program of Study: \_\_\_\_\_

Number of persons regularly residing in the household address above: \_\_\_\_\_

Are you a dependent in the household? \_\_\_yes \_\_\_ no

Do you have children? \_\_\_ yes \_\_\_ no If yes, how many? \_\_\_\_\_

List the names and ages of your dependent children in your care that are living in the household:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently employed? \_\_\_ yes \_\_\_no

If yes, how many hours/week do you work? \_\_\_\_\_ Hourly rate of pay \$\_\_\_\_\_

Are you planning to work while attending JHA? \_\_\_ yes \_\_\_ no

If yes, how many hours? \_\_\_\_\_

Do you qualify to receive Workforce Development (WIA) tuition assistance through your county Career Center? \_\_\_ yes \_\_\_ no

If yes, have you been awarded an Individual Training Account for Jeremiah's Hope Academy? \_\_\_ yes \_\_\_ no

Have you applied for a Jeremiah's Hope Payment Plan? \_\_\_ yes \_\_\_ no



## JEREMIAH'S HOPE ACADEMY

### SCHOLARSHIP APPLICATION

#### Part 2

##### Consent for Release of Information

"I hereby consent to the release of any information in connection with the determination of a scholarship award by Jeremiah's Hope Academy Scholarship Committee. I understand that confidentiality of all of the information provided will be maintained, and it is solely being used for the evaluation of my scholarship application and for no other purpose."

**Signature of applicant** \_\_\_\_\_

**Date Completed** \_\_\_\_\_

**Please note: It is the applicant's sole responsibility to assure that the completed application and letters of recommendation are received by the Jeremiah's Hope Training Academy Staff by the appropriate term deadline.**

##### Consent for Release of Information and Image

"I hereby consent to the release of my name and image to publications for the purpose of announcing a scholarship award and for marketing and advertising materials for Jeremiah's Hope Academy, Jeremiah's Hope Academy Scholarship Program and for St. Vincent's Health System.

**Signature of applicant** \_\_\_\_\_

**Date Completed** \_\_\_\_\_



**Please Return Scholarship Application Form,  
Written Paper and Copy of the first page only of your  
most recent IRS1040 to the address below.**

**Ask individuals writing your letters of reference to mail  
the letters to the address below:**

**Jeremiah's Hope Academy  
ATTN: Scholarship Committee  
2800 University Blvd. Suite 101  
Birmingham, AL 35233**