



PruittCares Foundation Scholarship Program

Neil L. Pruitt, Sr., Dorothy Shull, Coy Williamson, Robin W. Bryson, Fred A. Watson, Scott Shull, George T. Hunt, III, and R. Lawrence Williams Scholarships

Purpose of the Program

The PruittCares Foundation Scholarship Program was created to help defray the cost of education for students who are dedicated to helping those in healthcare. The Program offers assistance with the costs of tuition and books for scholarship recipients.

Eligible Applicants

To be considered for a scholarship, you must demonstrate financial need and a strong commitment to healthcare.

All applicants must be legal residents of Georgia, North Carolina, South Carolina or Florida and must be: Accepted into a nursing program working towards a Diploma, Associates, Bachelors or Master's degree as a Registered Nurse or Licensed Practical Nurse. Accepted into a school of pharmacy working towards a degree of PharmD. Accepted into a school of rehabilitation working towards a degree of Physical Therapy, Occupational Therapy or Speech Therapy. Staff and Officers of the PruittCares Foundation, as well as their relatives, are not eligible for this scholarship program.

Application Requirements (see Application Checklist for specifics)

Each applicant must:

1. Submit a completed application form including Employment Record and Statement of Financial Need
2. Provide the names, phone numbers and addresses of three personal references.
3. Submit a formal and comprehensive essay regarding the applicant's commitment to work in healthcare.
4. Submit a copy of applicant's letter of acceptance from a school of pharmacy, school of therapy, or an accredited school of nursing.
5. Submit a copy of applicant's most current high school or college transcripts.
6. Successfully complete one of the approved courses through Pruitt University.

The Foundation Board is charged with receiving and acting upon all applications for scholarships. Scholarship recipients will be chosen in a non-discriminatory manner.

Contractual Obligations

- Successfully complete a brief assigned course through our on-line Pruitt University, at no cost to recipient.
- All scholarship recipients are to maintain a "B" average or better for the scholarship year.
- The Foundation Board may cancel any scholarship for cause deemed sufficient by the Board.

Awarding of Scholarships

Scholarships winners are announced annually in late fall and are good for expenses for the current school year. Half of the scholarship payment (\$1,000) will be made directly to the applicant in the fall. The other half of the scholarship payment (\$1,000) will be made directly to the applicant in January. Applicants may reapply for the scholarship every year.

Scholarship Repayment Obligations There is no obligation to repay this scholarship.

Obtaining an Application

Applications are available beginning in January through the Foundation office or on www.pruittcares.org. Completed applications should be received by the PruittCares Foundation office by April 30 for consideration. You may write or call: 1626 Jeurgens Court, Norcross, GA 30093 or (800) 956-5354.



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Application

Name: _____ Social Security #: _____

Home Address: _____ Phone: _____

Address: _____ e-mail address: _____

_____ Today's Date: _____

High School Name: _____

Cumulative GPA: _____ Graduation Date: _____

Technical School Name: _____

Cumulative GPA: _____ Graduation Date (*actual or expected*): _____

College/University Name: _____

Cumulative GPA: _____ Graduation Date (*actual or expected*): _____

School Currently Enrolled At: _____

Cumulative GPA: _____ Expected Graduation Date: _____



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Application (continued)

Name: _____

Extracurricular Activities (clubs, committees, sports, etc.): _____

Community Activities: _____

Honors/Awards: _____



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Employment Record

Name: _____

Dates Month & Year From __ to __	Employer Name, Address, and Phone Number	Position Title and Description of Duties/ Responsibilities	# Hours/ Week



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Statement of Financial Need

Name: _____

1. Do you live with your parents? Yes No

2. Are you your sole support? Yes No

3. How many hours/week do you work? _____

4. Yearly Income:

Parents: \$ _____ / year

Self: \$ _____ / year

Spouse: \$ _____ / year

5. How many persons are dependent upon your salary? _____

6. What kind of family circumstances affect financial need? *(ex: illness, childcare support, debts, etc.)*

7. What other sources of income do you have to help you with your education? *(ex: other scholarships, loans, VA benefits, etc.)*

Current academic year (include dollar amount): \$ _____

Next academic year (include dollar amount): \$ _____

I certify the information provided on this application is true & complete to the best of my knowledge.

Signature

Date Completed



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Application Checklist

Please send the following:

- Completed application, including Employment Record and Statement of Financial Need
- Copy of latest high school or college transcripts.
- A listing of names and telephone numbers for three references.
- A Letter of Acceptance from a pharmacy school, school of therapy, or an accredited school of nursing.
- A typed essay (no longer than three pages, single spaced, 12 point font) which includes the following information:

Describe why the applicant should be chosen to receive this award. What sets the applicant apart from all of the others applying for the scholarship? Describe why applicant is pursuing a career in nursing, pharmacy, or rehab. Describe applicant's career goals.

Send all of the above documents to:

PruittCares Foundation
1626 Jeurgens Court
Norcross, GA 30093

Direct questions to:

Larry Daniel, Vice President
PruittCares Foundation
(678) 533-6462
or (800) 956-5354
info@pruittcare.org

Deadline:

Completed applications should be received by the PruittCares Foundation office by April 30 for consideration.