

*TGH SPRING HILL AUXILIARY SCHOLARSHIP APPLICATION
10461 Quality Drive
Spring Hill, FL 34609*

**TGH SPRING HILL HOSPITAL AUXILIARY SCHOLARSHIP
APPLICATION**

10461 QUALITY DRIVE SPRING HILL FL 34609

**SCHOLARSHIP APPLICATIONS MAY BE PICKED UP
AT THE TGH SPRING HILL HOSPITAL LOBBY DESK
OR AT YOUR SCHOOL.**

**ALL COMPLETED APPLICATIONS MUST BE IN THE
HANDS OF THE COMMITTEE BEFORE 8 P.M. ON
MARCH 31, 2026.**

Revised and approved: January 1, 2026

TGH SPRING HILL AUXILIARY SCHOLARSHIP APPLICATION

*10461 Quality Drive
Spring Hill, FL 34609*

Dear Scholarship Applicant:

Thank you for your interest in the TGH Spring Hill Hospital Volunteer Auxiliary Scholarship program.

The purpose of our program is to grant a graduating senior of a local high school a \$1000 scholarship payable toward their tuition and books.

As an applicant, you must plan on pursuing a career in the **Human Medical Field**.

Please complete the attached application and return it to:

TGH Spring Hill Gift Shop
10461 Quality Drive
Spring Hill, FL 34609
Attention: Scholarship Committee

The deadline for submission of the application is **March 31, 2026**.

Any application received after the deadline **will not** be given consideration.

We would like to take this opportunity to wish you great success in your future endeavors.

Sincerely,

Scholarship Committee Chairperson

POLICY FOR SCHOLARSHIPS

TGH SPRING HILL AUXILIARY SCHOLARSHIP APPLICATION

**10461 Quality Drive
Spring Hill, FL 34609**

1. Only **HUMAN MEDICALLY ORIENTED** applicants with a 3.0 or better GPA need apply.
2. Extra consideration will be given to volunteers of TGH Spring Hill Hospital.
3. An **official transcript** from freshman through the first semester of the senior year and an **official letter from your counselor** must be included with the application.
4. At least three (3) letters of recommendation are to be sent with the application. At least one (1) each from an Educator and a person in the Human Medical Field must be included.
5. Applications may not be submitted before your senior year.
6. Monies will be paid directly to the student.
7. Please return completed application to:

**TGH Spring Hill Gift Shop
10461 Quality Drive
Spring Hill, FL 34609
Attention: Scholarship Committee**

DEADLINE: MARCH 31, 2026 BY 8:00 P.M.

Selection of Recipient:

- The selection of the recipient shall be based upon applicant's character, sincerity, career goals, academic record and need.
- **The decision of the Scholarship committee shall be final.**

**FAILURE TO FOLLOW THE ABOVE RULES WILL RESULT IN AUTOMATIC
DISQUALIFICATION OF THE SCHOLARSHIP.**

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HUMAN MEDICALLY RELATED SCHOLARSHIP APPLICATION

Instructions: Fill out completely. Answer every item, indicating only those which do **not** apply to you as "NA". **No application will be considered unless all questions are answered, and all pertinent facts disclosed.**

I WILL BE ENTERING COLLEGE FALL 2026 AS A:

FRESHMAN SOPHOMORE

GENERAL INFORMATION:

(Circle one)

Mr., Mrs., Miss
(Last) (First) (Middle)

Present Home Address:

(Street Number) (City/State) (Zip) (Phone Number)

E-Mail:

Date of birth:

Single Married Divorced Widowed Number of Children

Birthplace:

U.S. Citizen Yes No

If no, have you declared intention to become a citizen? Yes No

Type of Visa

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Name and address of High School:

Date of Graduation: _____

Please list all activities and organizations in which you have participated, giving a brief description of each. If you have done community service work, please list where and the number of hours you served. Also, list all honors and awards received. Continue on a separate page if necessary.

Proposed future occupation of professional field(s). (ONLY HUMAN MEDICALLY RELATED NEED APPLY)

Please describe any unusual circumstances that make this scholarship necessary.

If you qualify for this scholarship, a personal interview including parent or guardian may be requested.

Have you ever been convicted of a misdemeanor or felony (other than minor traffic violations) or is there anything now pending? _____ Yes _____ No

If yes, please explain: _____

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Applicant's statement: I will be a full-time (12 credit hours) student.
 I will be a part-time (not less than 8 credit hours) student.

A complete copy of my scholastic transcript, including the first semester of my senior year is attached to this application. (MUST BE AN OFFICIAL COPY)

Provide a brief (250 words or less) essay entitled "My Professional and Personal Goals" on a separate page. **Please sign your essay.**

Mother's Name: _____
Father's Name: _____
Legal Guardian's Name: _____

I hereby acknowledge that the information submitted here within is true and correct.

Signature of applicant:

Signature

Date