

# ***Kimberley Chance Atkins Foundation Healthcare Scholarship***

## ***Mission***

The Kimberley Chance Atkins Foundation Healthcare Scholarship was established in 2016 to recognize students who plan to pursue a career in healthcare. Kim Atkins was a beloved and respected teacher in Rockdale County for many years and was even recognized as a Teacher of the Year. During her battle with breast cancer she and her family depended on the care and compassion of many healthcare professionals. We seek to honor her love for students and her healthcare team by awarding a \$2,000 scholarship to eight deserving seniors each year. A scholarship is awarded to a student from each traditional high school and career academy in Rockdale and Newton Counties.

## ***Eligibility Requirements***

- Must be a Rockdale or Newton County resident and student
- Demonstrated community service in Rockdale or Newton County
- Anticipating completion of a high school diploma at the time of application with a minimum 2.5 GPA
- Plans to pursue post-secondary education in the healthcare field in an eligible degree or certificate program at an accredited institution

**Note: The \$2,000 scholarship will be paid directly to the college or university.**

## ***To apply, you must follow these steps:***

- Complete the application. Applicants can apply between **Monday, January 11, 2021**, and **Friday, March 12, 2021**. Final applications must be postmarked no later than **Friday, March 12, 2021**.
- Include with the application a narrative describing how your education, classes, and personal experiences have influenced you to pursue a career in the healthcare field.  
(Maximum 500 words)
- Include a copy of current official high school transcript (If selected, applicant must provide a copy of final transcripts certificate to demonstrate eligibility for post-secondary enrollment.)
- Provide two letters of recommendation – one must be from teacher and the other from an employer, community service/volunteer coordinator, pastor or other personal reference.
- Application process:
  - **Enter** the required information in the boxes below.
  - **Print out** the completed application form.
  - **Mail** this completed application form (signed by applicant, parent/guardian if applicable) with the necessary documents and materials including the narrative, two sealed letters of recommendations, current official high school transcript. **The package must be postmarked no later than March 12, 2021.**

The Kimberley Chance Atkins Healthcare Scholarship Committee will select the recipients and may include a personal interview as part of the process. The recipients will be announced in April 2021 at a time and date to be announced.

**Application**

***Kimberley Chance Atkins Foundation  
Healthcare Scholarship***

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

**Educational Information:**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Year Graduating: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of your high school Counselor: \_\_\_\_\_

Are you a Rockdale Career Academy or Newton Career Academy HealthCare Pathway Completer? (Not a requirement) \_\_\_\_\_

College or Technical School to Attend: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Major:/Intended Major: \_\_\_\_\_ **Full-Time or Part-Time** (Circle one)

**Community Involvement:**

Please list your community service in Rockdale or Newton County.

---

---

---

---

---

---

---

---

**Special Achievements/Honors and Recognition:**

Please list any special achievements, honors and or recognition you have received.

---

---

---

**Essay** - Please respond to this question: How have your education, classes, and personal experiences influenced you to pursue a career in the healthcare field? Essay must be typed, double-spaced with a maximum of 500 words. Attach essay to your application.

**Checklist for scholarship:**

- 1) \_\_\_\_\_ Completed application form
- 2) \_\_\_\_\_ Essay (maximum 500 words)
- 3) \_\_\_\_\_ Transcript(s)
- 4) \_\_\_\_\_ Reference letters (two)

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under age 18)

---

---

Please mail completed application and materials in one 9x12 envelope to:

**Kimberley Chance Atkins Foundation**

**Healthcare Scholarship**

**PO Box 80039**

**Conyers, Georgia 30013**

**[www.kimatkins.net](http://www.kimatkins.net)**

Incomplete applications will not be accepted.

Deadline: Postmarked no later than **March 12, 2021.**

If you have any questions, please email: [brendasedwards@comcast.net](mailto:brendasedwards@comcast.net)