



## 2020 Dr. John Harden Scholarship AnMed Health Cannon

A \$1,000 scholarship is awarded annually to a graduating high school senior and/or a member of our community already in the medical profession or continuing their education in the medical field. The recipient will have the scholarship money paid directly to the school of their choice. To be eligible to apply for the Harden Scholarship an applicant must be a:

- Student of Pickens High School
- Student of Liberty High School
- Student of Lakeview Christian School
- An employee or active volunteer at AnMed Health Cannon, their spouse or child age 25 or younger
- An employee of a physician or any medical practice in Pickens or Liberty

All applications must be completed in its entirety and ***received no later than April 10th, 2020***. The applications will be reviewed by the Scholarship Committee of the Cannon Memorial Hospital Auxiliary and winner notified early **May**.

In addition to the completed application, we request three references and an essay of no less than 100 words. For high school applicants, only one reference may be associated with faculty or staff at their school.

Mail all completed information to:

**AnMed Health Cannon  
Attention: Auxiliary Scholarship Committee  
Post Office Box 188  
Pickens, South Carolina 29671**

**Applicants may bring applications to AnMed Health Cannon. Main Entrance and ask for Mary Ann Fowler, Staff Development Coordinator.**

**Email: [mfowler@anmedhealthcannon.org](mailto:mfowler@anmedhealthcannon.org)**



## **Dr. John Harden Scholarship**

AnMed Health Cannon  
Post Office Box 188  
Pickens, South Carolina 29671

### APPLICATION

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Phone number where you can be reached \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent (s) or Guardian (s) \_\_\_\_\_

1. List school clubs, organizations, and sports teams in which you have participated in.

2. List any other activities such as (hobbies, community service, travel, etc).

3. List any (a)awards (b)special honors you have received or expect to receive.



4. List jobs held or volunteer work.

5. What college or technical school do you plan to attend? Please provide your letter of acceptance.

6. List: (A) grants and scholarships awarded to you (B) amounts of the awards (C) an estimate of your educational expenses for a year.

7. Provide a copy of your high school transcript.

**REMEMBER:**

- On an additional sheet of paper provide an essay (100 word minimum) to include
  - (A) Future educational plans
  - (B) Personal goals for the next 5 years
  - (C) Need for financial assistance to meet your goals.
- Provide 3 references (form attached). HIGH SCHOOL APPLICANTS: Only one reference may be from your school faculty or staff.
- The following must be received by **April 10, 2020.**
  - (A) Completed Application
  - (B) Essay
  - (C) Transcript
  - (D) References

**Upon the completion of your first semester/term, please mail a copy of your grades/transcript to the Auxiliary Scholarship Committee at AnMed Health Cannon.**



**DR. JOHN HARDEN SCHOLARSHIP  
CANNON MEMORIAL HOSPITAL AUXILIARY  
Reference 1**

Applicant's Name \_\_\_\_\_

How are you acquainted with the applicant?

How long have you known the applicant?

Comment on the applicant's achievements, involvement in school and the community, personal goals, and character.

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DR. JOHN HARDEN SCHOLARSHIP  
CANNON MEMORIAL HOSPITAL AUXILIARY  
Reference 2**

Applicant's Name \_\_\_\_\_

How are you acquainted with the applicant?

How long have you known the applicant?

Comment on the applicant's achievements, involvement in school and the community, personal goals, and character.

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DR. JOHN HARDEN SCHOLARSHIP  
CANNON MEMORIAL HOSPITAL AUXILIARY  
Reference 3**

Applicant's Name \_\_\_\_\_

How are you acquainted with the applicant?

How long have you known the applicant?

Comment on the applicant's achievements, involvement in school and the community, personal goals, and character.

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_