

# **W. Howard Tiller Jr. Memorial Scholarship Application**

**Sponsored by Carolina Orthopaedic & Neurosurgical  
Associates General Education Fund**

**For Questions please contact:**

**Brad Harrison, PA-C  
Scholarship Committee Chairman  
Carolina Orthopaedic & Neurosurgical  
[cbradharrison@gmail.com](mailto:cbradharrison@gmail.com)  
864-582-6396**

**Complete Applications should be mail to:**

**W. Howard Tiller Jr. Memorial Scholarship  
c/o Carolina Orthopaedic & Neurosurgical Associates  
1330 Boiling Springs Road, Ste 1600  
Spartanburg, SC 29303**

***Application Deadline: April 8, 2020***

# ***W. Howard Tiller Jr. Memorial Scholarship 2020***

## **Scholarship Selection Criteria:**

Academic Achievement

Interest in Health Care

Personal Attributes: such as responsibility, strong work ethic, interest in community service, diligence, self-starter, leadership

Compelling essay

## **Eligibility:**

Graduating seniors of Byrnes, Dorman, Spartanburg & Woodruff High Schools

Planned enrollment in four-year college/university or two-year community college

## **Scholarship Award Information:**

A total of four \$1000 non-renewable scholarships will be awarded. One scholarship to each school in which Carolina Orthopaedic & Neurosurgical Associates provides team coverage (Byrnes, Dorman, Spartanburg & Woodruff)

## **Selection Committee:**

Committee compiled by Carolina Orthopaedic & Neurosurgical Associates

## **Exclusion criteria:**

Employees or family members of employees of Carolina Orthopaedic & Neurosurgical Associates are not eligible for this award

## **Important Date to remember:**

Application deadline: April 8, 2020 (postmarked)

## **Complete Scholarship Application should be mailed to:**

W. Howard Tiller Jr. Memorial Scholarship  
c/o Carolina Orthopaedic & Neurosurgical Associates  
1330 Boiling Springs Road, Ste 1600  
Spartanburg, SC 29303

**Checklist:**

You MUST include the following:

- \_\_\_\_\_ Form A (Application and Writing Sample)
- \_\_\_\_\_ Form B (High School Report Form)
- \_\_\_\_\_ Two letters of recommendation
  1. High School Guidance Counselor/Principal/Teacher
  2. Family Friend/Mentor

**APPLICATION FORM A**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Street or PO Box

\_\_\_\_\_

City

State

Zip

Applicant Phone #: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Applicant Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ / \_\_\_\_\_

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Applicant High School: \_\_\_\_\_

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

\_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

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List three colleges to which you have or plan to apply:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The Foundation has authorization to solicit academic information and standardized test scores from all secondary schools attended by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Non-Classroom Activities: (List your involvement in each of the following categories. Use the right-hand column for numbers (9,10,11,12) to identify school year(s) in which you were involved and to identify those activities in which you held an office or a leadership position.)

<b>Activity</b>	<b>Year, Office, Leadership</b>
Extracurricular Activities (including sports):	
Honors and Awards (including academic achievements):	
Community/Church Activities:	
Employment:	

Writing Sample:

In the following space, or on a separate sheet attached to this application, explain why you have a desire to go into healthcare and briefly touch on the field of medicine you plan to study. You must limit your response to 250 words preferably typed.

**High School Report Form** (W. Howard Tiller Jr. Memorial Scholarship) **Form B**

To the applicant: Please complete Part I and give this form to your high school guidance counselor/principal to complete Part II.

**PART I:**

Name of Student/Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Counselor/Principal: Please complete all information and return to applicant, in sealed envelope if desired.

**PART II:**

High School: \_\_\_\_\_

Applicants anticipated date of graduation: \_\_\_\_\_

In order to evaluate the applicant, please furnish the following:

- SAT or ACT scores: Please attach to this form
- Class Rank: This student is ranked \_\_\_\_ out of a class of \_\_\_\_.
- GPA:
- Letter of Recommendation
- Transcript of grades for work to date