



# DECATUR PEDIATRIC GROUP, P.A.

Providing medical care for newborns, children and teens

## SCHOLARSHIP APPLICATION

### WHY START A SCHOLARSHIP PROGRAM?

The scholarship awarded by Decatur Pediatric Group is our commitment to applauding academic excellence. As one of the leading pediatric practices in Metropolitan Atlanta, the scholarship was established to provide financial assistance to well-deserving students, who aspire to reach their full potential - both professionally and personally. Two \$1,000 Scholarships will be awarded each May to high achieving seniors - one in Dekalb County and one in Cobb County, Georgia.

The scholarships were established by Lynette R. Wilson-Phillips, M.D. Dr. Wilson-Phillips, a native of Charleston, SC, received her medical degree from the Medical University of South Carolina College of Medicine, and then served her internship and residency with the Emory University Affiliated Hospitals Program. Prior to becoming the president of Decatur Pediatric Group in 1996, she was an associate physician at South DeKalb Pediatrics for two years. Dr. Wilson-Phillips resides in Lithonia with her husband, Jonathan Phillips and their daughters, Rochelle, Ryann and Rhamsei.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ School Phone: \_\_\_\_\_

#### Academic Performance

Graduation Date: \_\_\_\_\_ High School GPA: \_\_\_\_\_

ACT: \_\_\_\_\_ SAT: \_\_\_\_\_

College you plan to attend (Name/Location): \_\_\_\_\_

Have you been accepted?  Yes  No (If yes, please attach a **COPY** of your Letter of Acceptance)

**ESSAY: COMPLETE THE FOLLOWING ON SEPARATE SHEETS OF PAPER**

**1. An applicant must:**

- Have demonstrated leadership and academic skills
- Have been active in school and community activities
- Have the ability to express goals and aspirations in an essay
- Attend a Dekalb County or Cobb County, Georgia High School
- Be a high school senior

**2. A SHORT AUTOBIOGRAPHY.** Include information about:

- Your educational experiences
- Your special skills and talents
- Your school activities
- Your community activities
- Your goals and why have you made these choices
- Other scholarships or awards you have received

**3. OTHER INFORMATION.**

Is there anything else you would like for us to know about you (200 words or less)? Please include personal statement on a separate sheet of paper.

**4. An applicant must submit the following:**

- A resume
- Two letters of recommendation
  - a. One from a school representative
  - b. One from a community program, employer, mentor, etc.
- A transcript (official or unofficial if cumulative GPA is present)
- A copy of your College Acceptance Letter

**5. Scholarship recipients will receive the scholarship check upon notification of ENROLLMENT AT A FOUR YEAR COLLEGE OR UNIVERSITY.**

**6. CHECKLIST – PLEASE REMEMBER TO SUBMIT THE FOLLOWING WITH THIS APPLICATION:**

- Resume
- Transcript
- Two letters of recommendation
- Letter of acceptance from admitted university
- Application
- Essay

*Please provide the following signatures listed below and return completed form with your application package.*

Party	Signature	Date
Applicant		
Parent or Guardian		
School Counselor		
School Administrator		

**INCOMPLETE AND LATE APPLICATIONS WILL NOT BE CONSIDERED. ALL DECISIONS FROM THE SCHOLARSHIP COMMITTEE ARE FINAL.**

**RETURN THE COMPLETED APPLICATION WITH ALL ATTACHMENTS BY MAY 1<sup>ST</sup> TO:**

*K. Williams, Occasions Event Marketing  
5387 Sandy Lake East  
Lithonia, Georgia 30038*