



Providing medical care for newborns,  
children and teens

## DECATUR PEDIATRIC GROUP 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. Scholarships valued at \$1,000 will be awarded each spring to high achieving seniors who are patients of the practice. Patients must be established with the practice two years prior to application submission and must be up to date with their annual Physical Exam. The number of scholarships awarded each year will vary based on the quality of application pool.

The scholarships were established by practice leader, Lynette R. Wilson-Phillips, MD and former practice vice president Melinda Williams-Willingham, MD. Dr. Wilson-Phillips, a native of Charleston, South Carolina, 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 DeKalb County 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 Score: \_\_\_\_\_

SAT Score: \_\_\_\_\_

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

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

Are you a current DPG patient?  Yes  No  
(ONLY DPG PATIENTS  
ARE ELIGIBLE)

Please indicate time with practice (in years) & primary  
DPG location (Clarkston, Lithonia/Stonecrest, or Smyrna):  
\_\_\_\_\_

### **ELIGIBILITY AND REQUIREMENTS: COMPLETE THE FOLLOWING ON SEPARATE SHEETS OF PAPER**

#### **An applicant must:**

- Have demonstrated leadership and academic skills
- Have been active in school and/or community activities.
- Have the ability to express goals and aspirations in an essay
- Be a patient of the practice for a minimum of two (2) years prior to application submission and up to date on Annual Physical Exam. Prior employees of the practice do not qualify.
- Be a high school senior

#### **1. A BRIEF 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

#### **2. 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.

#### **3. An applicant must submit the following documents:**

- A resume
- Two letters of recommendation
  - a. One from a school representative (administrator, teacher, coach, etc.)
  - 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 (if applicable)

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

- Resume
- Transcript (official/unofficial with cumulative GPA)
- Two letters of recommendation
- Letter of acceptance from admitted university
- Application
- Essay

**5. Scholarship recipients will receive the scholarship check upon notification of FULL-TIME ENROLLMENT AT A FOUR-YEAR COLLEGE OR UNIVERSITY.** Enrollment is considered either on-campus or virtual.

*Please provide the following signatures listed below and return completed form with your application package. In lieu of school signatures, a statement of review by an official school representative (i.e., instructor, counselor, administrator, etc.) can be submitted via email and attached to application.*

Party	Signature	Date
Applicant		
Parent or Guardian		
School Counselor		
School Administrator		

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

**RETURN THE COMPLETED APPLICATION WITH ALL ATTACHMENTS BY June 30, 2021 (postmarked) TO:**

Decatur Pediatric Group  
C/O Scholarship Program  
4112 E. Ponce de Leon Avenue  
Clarkston, Georgia 30021

*Follow Us on social media! [@Decaturpeds](#) (Instagram & Twitter) [@DecaturPediatricGroup](#) (Facebook)  
Follow our Non-Profit [@KidsDocOnWheels](#) on all platforms!*