



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. The number of scholarships awarded each year will vary based on the quality of application pool.

The scholarships were established by the practice's leaders, Lynette R. Wilson-Phillips, M.D. and Melinda Williams-Willingham, 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 DeKalb County with her husband, Jonathan Phillips and their daughters, Rochelle, Ryann and Rhamsei.

Dr. Melinda Williams-Willingham, native of Silver Springs, Maryland, received her medical degree from Howard University School of Medicine in Washington, D.C., and went on to complete her residency at the University of Medicine and Dentistry of New Jersey, Children's Hospital of New Jersey. She has practiced in the Metro Atlanta since 1998 and joined Decatur Pediatric Group in 2001. She became business partners with Dr. Wilson-Phillips in 2004 and currently serves as vice president of the practice. Dr. Williams-Willingham resides in Gwinnett County with her husband, George Willingham and their children, Gerard and Jasmine.

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)
 Are you a current patient Yes No Please indicate time with practice (how long):
 with DPG?

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
- Be a patient of the practice for a minimum of two (2) years prior to application submission. Prior employees of the practice do not qualify.
- 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 ARE FINAL FROM THE SCHOLARSHIP COMMITTEE.

RETURN THE COMPLETED APPLICATION WITH ALL ATTACHMENTS BY MAY 1st TO:

*Attn: Scholarship Applications
Decatur Pediatric Group, P.A.
4112 E. Ponce De Leon Ave
Clarkston, Georgia 30021*