

## 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? Are you a current patient with DPG?	Yes Yes	☐ No☐ No	(If yes, please attach a <b>COPY</b> of your Letter of Acceptance) Please indicate time with practice (how long):		

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

		ted leadership and academic skills		
	Have been activ	e in school and community activities		
	☐ Have the ability	to express goals and aspirations in an essay		
		ne practice for a minimum of two (2) years prior to application	on submission. Prior employees of	
	the practice do r	• •		
	☐ Be a high schoo	senior		
2.	A SHORT AUTOBIO	OGRAPHY. Include information about:		
	☐ Your educationa	l experiences		
	☐ Your special skil	ls and talents		
	☐ Your school acti	vities		
	☐ Your community	activities		
	☐ Your goals and	why have you made these choices		
	Other scholarsh	ps or awards you have received		
•	OTHER INFORMAT	ION		
3.		e you would like for us to know about you (200 words or les	ss)? Please include personal	
	statement on a sepa		регосия	
1	An annlicant must	submit the following:		
٦.	An applicant must	sublint the following.		
	☐ Two letters of re	commendation		
		n a school representative		
	b. One from	n a community program, employer, mentor, etc.		
		cial or unofficial if cumulative GPA is present)		
	☐ A copy of your C	ollege Acceptance Letter		
5.	Scholarship recipien	ts will receive the scholarship check upon notification of <b>EN</b>	IROLLMENT AT A FOUR YEAR	
	COLLEGE OR UNIV			
6.	CHECKLIST - PLE	ASE REMEMBER TO SUBMIT THE FOLLOWING WITH T	HIS APPLICATION:	
•	Resume			
	☐ Transcript			
	Two letters of re	commendation		
	_	ance from admitted university		
	☐ Application	•		
	☐ Essay			
Please provide the following signatures listed below and return completed form with your application package.				
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	Party	Signature	Date	

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

**Applicant** 

Parent or Guardian
School Counselor
School Administrator

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