2018 SCHOLARSHIP PROGRAM

Honoring high school seniors entering college

ALLIANT HEALTH PLANS SCHOLARSHIP

February 1, 2018

"We must find time to stop and thank the people who make a difference in our lives." - John F. Kennedy

Alliant Health Plans announced today it will award seven $1,500 scholarships to Whitfield County, City of Dalton and Murray County high school seniors planning to attend an accredited two- or four-year college, university or vocational-technical school for the 2018-19 academic year.

The scholarship honors student applicants as described in the enclosed packet of information. Area high school students in Whitfield County, City of Dalton and Murray County should send a completed application (attached) with the required documentation no later than Friday, April 6, 2018 to be considered for the scholarship.

For more information, please contact us info@AlliantPlans.com.

2018 SCHOLARSHIP PROGRAM SUMMARY

The goal of the Scholarship Program is to provide financial assistance to deserving high school seniors who will be entering their first year of college. While we encourage academic excellence and recognize student leadership, this scholarship recognizes a person (e.g. parent, grandparent, guidance counselor) who played a pivotal role in the applicant's personal and academic success.

ELIGIBILITY:

Applicant must be a current high school senior residing in Whitfield County, City of Dalton or Murray County who plans to enroll in full-time undergraduate study at an accredited two-year or four-year college, university or vocational-technical school for the 2018-19 academic year. HealthOne Alliance employees and their dependents are not eligible.

REQUIREMENTS:

- A completed and signed 2018 Scholarship Application Form.
- An essay recognizing a person (parent, grandparent, teacher, etc.) and explain how he/she/they has personally inspired your academic success.
- A completed Applicant Activity Record.
- Your High School Transcript: Please contact your high school counselor to receive a copy.
- A completed and signed Assignment of Rights & Consent to Publish Scholarship Information Form.
- A teacher/advisor/coach must submit the attached recommendation form on behalf of the applicant.

Note: Applicants are responsible for gathering and submitting all required information, except for the teacher/advisor/coach recommendation which may be submitted directly by the teacher, advisor or coach. Applications are evaluated on the information supplied. Answer all questions as completely as possible. Your application is considered confidential and is reviewed only by the Alliant Health Plans Scholarship Selection Committee.

AWARDS:

Seven (7) $1,500 scholarships will be awarded to seven (7) recipients. This scholarship may be used to offset student tuition, books and other qualifying expenses for the 2018-19 school year. Awards are for undergraduate study only and are not renewable. Payment will be made in one installment in August 2018. A check is personally presented or mailed to each recipient's home address and is made payable to the school.

APPLICATION PROCEDURE:

Complete the entire application including all required supporting documents and send to Alliant Health Plans:

Email: info@AlliantPlans.com OR Alliant Health Plans
Attn: Scholarship Program
1503 N. Tibbs Rd
Dalton, GA 30720

DEADLINE:

All applications and forms must be sent by email or postal mail with an email date or postmark of Friday, April 6, 2018.
Note: The student's teacher/advisor/coach must submit the student recommendation form to us directly by the above deadline.

SELECTION OF RECIPIENTS:

Scholarship recipients are selected and evaluated based on the following criteria:

- An essay explaining the pivotal role a person (e.g. parent, grandparent, coach, teacher, etc.) played in his or her life, inspiring academic success.
- A qualified recommendation from a teacher/advisor/coach.
- Academic record and demonstrated leadership and participation in school/community activities.

Financial need is not considered. The Alliant Health Plans Scholarship Selection Committee will meet and determine seven applicants to receive the scholarships. Students will be notified by email at the email addresses provided on the application. The student and the person honored in their essay will be recognized at the student's school award ceremony. A framed copy of the selected student's essay will be presented to the student and person honored in the essay.

2018 SCHOLARSHIP APPLICATION FORM

Thank you for applying for an Alliant Health Plans Scholarship! Be sure to complete the application in full to ensure we have all the information needed for evaluation. Once completed, please scan and return the application (with required documents) no later than Friday, April 6, 2018.

APPLICANT (STUDENT) INFORMATION:

Full Legal Name: _____
Last Name First Name MI

Complete Address: _____
Street City State Zip Code

Contact Information: _____
Phone Number Email Address

PARENT OR LEGAL GUARDIAN INFORMATION:

Relationship to Student: _____

Full Legal Name: _____
Last Name First Name MI

Complete Address: _____
Street City State Zip Code

Contact Information: _____
Phone Number Email Address

CONTACT INFORMATION FOR PERSON HONORED IN ESSAY:

Relationship to Student: _____

Full Legal Name: _____
Last Name First Name MI

Contact Information: _____
Phone Number Email Address

CONTACT INFORMATION FOR HIGH SCHOOL:

Name of School: _____

Complete Address: _____
Street City State Zip Code

Counselor Full Name: _____

Counselor Information: _____
Phone Number Email Address

Other Information: _____
High School Graduation Date Current Cumulative GPA

Return to: info@AlliantPlans.com or Alliant Health Plans | Attn: Scholarship Program | 1503 N. Tibbs Rd. | Dalton, GA 30720

APPLICANT ACTIVITY RECORD

Student Name: _____

LEADERSHIP POSITIONS: List any leadership positions you have held either at school or in outside organizations.

1. Name or organization: _____
   Leadership position(s) held and date(s): _____
2. Name or organization: _____
   Leadership position(s) held and date(s): _____
3. Name or organization: _____
   Leadership position(s) held and date(s): _____
4. Name or organization: _____
   Leadership position(s) held and date(s): _____

ACHIEVEMENTS AND AWARDS: List any academic achievements and awards you have received during your high school career.

_____
_____
_____
_____
_____
_____

EXTRACURRICULAR ACTIVITIES: List the clubs, teams and/or varsity sports in which you are or have been a member in high school; how long your participated in each; your role and a brief description (e.g. student government, academic teams, football, etc.)

Name of Group	Number of Years	Role and Description

COMMUNITY INVOLVEMENT: Outline your involvement in community activities. Give the name of groups to which you belong and for how long you have participated (include scouting, civic, or religious).

Name of Group	Number of Years	Role and Description

Student Name: _____

CONTACT INFORMATION FOR ACCREDITED COLLEGE:

Name of School: _____

School Address: _____
Street City State Zip Code

Other Information: _____
Date to Enter College Expected Major

I have read through the scholarship guidelines and procedures in this application and ask that I be considered for the 2018 Alliant Health Plans Scholarship with full understanding of the conditions. By signing this application, I certify that all information submitted is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____
(if under the age of 18)

* *

APPLICANT ESSAY

Name of person(s) being recognized: _____

Provide an essay about the pivotal role this person had in your academic success (Minimum of 500 words). You may use additional paper, if necessary.

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

I, _____, do hereby give ALLIANT HEALTH PLANS full rights to publish my name, where I live (city, state only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I will be attending.

I grant permission to Health One Alliance/Alliant Health Plans and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I acknowledge that my image or my family's images contained in the photographs or video may be protected by state or federal laws. I expressly waive any privacy or security rights that I have and authorize the release or publication of the photographs and images.

I also acknowledge that the photographs and images are not part of my personal health information and have been taken for purposes other than treatment or payment for my healthcare services. I further understand that my insurance coverage is not conditioned upon, denied or automatically granted based upon my authorization to release the photographs or video.

I hereby release Health One Alliance/Alliant Health Plans and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by ALLIANT HEALTH PLANS in its print or electronic correspondence, on its website and/or social media sites.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.)

I understand that this Agreement in no way obligates ALLIANT HEALTH PLANS to publish or use the above-described information.

EXECUTED this _____ day of _____, 2018.

Student: _____ _____
Print Name Signature

Parent or Legal Guardian: _____ _____
(if under 18) Print Name Signature

Please write your page names, so you can be tagged:

Facebook: _____ Instagram: _____

SCHOLARSHIP RECOMMENDATION FORM

To be completed by a teacher, coach or advisor and returned directly to Alliant Health Plans:

Email:
info@AlliantPlans.com or

Mail:
Alliant Health Plans
Attn: Scholarship Program
1503 N. Tibbs Rd.
Dalton, GA 30720

DEADLINE TO RETURN FORM:
Friday, April 6, 2018

Student Name: _____

This student is applying for an Alliant Health Plans Scholarship, which would provide a $1,500 scholarship to an accredited two or four-year college, university or vocational-technical school for the 2018-19 academic year. Nominees are selected on the basis of the student's essay, which recognizes a person who has inspired and contributed to their academic success; student academic record; demonstrated leadership; and participation in school and community activities.

The scholarship selection committee finds candid evaluations helpful in choosing from among highly qualified candidates. We welcome any information that will help us to differentiate this student from others. We are grateful for your assistance in completing the form and writing a recommendation.

Your Name and Title _____ Email _____

High School Name _____ High School Phone _____

Signature _____ Date _____

1. In what capacity are you most familiar with this student?

_____
_____
_____

2. Tell us why this student deserves consideration. (You may use additional paper, if necessary.)

_____
_____
_____
_____
_____

GENERAL RATINGS

Please evaluate the student in terms of the following characteristics by checking the boxes under the appropriate heading. In choosing each rating, please compare this student with other students you have taught.

	Top few	Outstanding (top 5%)	Good (top 15%)	Poor Average	No basis for judgment
Academic Motivation					
Leadership					
Peer Interaction					
Reaction to Setbacks					
Maturity					

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