

Georgia Hospice & Palliative Care Organization's
Anthony Leatherwood Memorial Scholarship



Biography



Anthony Leatherwood decided in the seventh grade that he was going to attend Georgia Tech and become an engineer. Throughout his schooling Anthony worked hard, with unwavering focus and in 1990 his dream came true. Initially, due to his love for computers, Anthony pursued a degree in computer engineering. While working towards this goal, he started a part-time job with a durable medical equipment company. While delivering equipment to patients, Anthony realized what a blessing it was to be able to bring comfort to people at end-of-life. This was the beginning of a healthcare career that would forever become his passion. After advancing within the medical equipment community, Anthony learned of an opening with a local hospice organization, Vista Care Hospice. At that time he had no real idea of what “hospice” or “palliative” care meant, but he had an eagerness to serve others and a passion for the terminally ill. In 2004, Anthony began his devotion to hospice and palliative care which would last until his untimely death in August of 2012 at the young age of 41. While serving as President of the Board of Directors for the Georgia Hospice and Palliative Care Organization, Anthony was diagnosed with an aggressive form of cancer. At the time of his passing Anthony was serving as the Executive Director of Gentiva Hospice. As a hospice and palliative care administrator, Anthony was able to share his passion of caring for patients and their families with others. He led his organization with character and a determination to see all patients receive end-of-life care second to none with both compassion and dignity. As GHPCO Board President, Anthony was recognized as a true leader whose vibrant vision for continued growth and vitality helped the organization flourish. Anthony is survived by his loving wife, Stephanie, and two sons, Gavin and Harrison Leatherwood, along with many family members and countless friends.

Objective

The mission of this scholarship is to further Anthony’s legacy and the passion that he had for hospice care. The scholarship recipient will be awarded full attendance at the following Georgia Hospice and Palliative Care Annual Conference, including the pre-conference sessions. In an effort to assist as many people as possible, the scholarship does not include lodging or meals; however, a discounted room rate is available through GHPCO on a first come first serve basis.

Eligible Applicants

- Georgia resident
- Currently employed in the hospice and/or palliative care field (in good standing)
- Desires to remain in the hospice and/or palliative care field for duration of his/her career
- Professional License in good standing (if applicable)

Obtaining Applications

Applications are available online at www.ghpc.org. Completed applications should be emailed to: admin.GHPCO@gmail.com or be mailed to:

Georgia Hospice & Palliative Care Organization
Attn: Scholarship Application
950 Eagles Landing Parkway, Suite 622
Stockbridge, GA 30281

Applicant's Guidelines

- An attached letter of reference (recommendation) is ONLY required for any application in which the applicant is nominating themselves for the scholarship. This letter should be completed by someone who has a professional working relationship with the applicant. A reference letter is NOT required for an application submitted by individual nominating someone else for a scholarship. If applicable, the reference letter MUST be submitted along with the application, not at a separate time.
- All applications must be postmarked no later than December 15th to be eligible for the following year's annual conference.
- Only one completed application per individual will be accepted each year. The first application received for an individual will be reviewed.
- Only one scholarship is permitted per recipient, per lifetime.
- Applications are reviewed and scored individually by a scholarship committee and all decisions are final
- Recipients granted scholarships will be notified via letter and/or by telephone.
- The scholarship covers the recipient for the entire GHPCO Annual Conference registration fees for the following year, this includes any pre-conference sessions.
- Recipients are responsible for arrangement and payment of all ancillary expenses including hotel accommodations, food and travel (GHPCO offers all attendees discounted room rates on a first come, first served basis)

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Please type or print legibly and be sure to complete all sections. If a section or question does not apply, please write N/A. Incomplete applications will not be considered.

SECTION I

NOMINEE'S PERSONAL INFORMATION

1. Full Name: _____

2. Professional Credentials: _____

3. Nominee Address: _____

Street or P.O. Box County

City State Zip

4. Nominee Phone: _____

Home Phone Work Phone Cell Phone

5. Nominee Email: _____

6. Has the nominee previously applied for a scholarship through the GHPCO?

Yes No

If yes, were they awarded a scholarship? Yes No

7. Are you applying for yourself or on behalf of someone else for a scholarship?

Applying for Myself Nominating Someone Else

8. If you are nominating someone else what is your:

Full Name: _____

Professional Credentials: _____

Hospice Agency: _____

Your Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

EMPLOYER / WORK HISTORY INFORMATION

1. Name of Nominee's Employer/Agency: _____

2. Employer's Address: _____

Street or P.O. Box County

City State Zip

3. Work Phone: _____



4. Employer/Agency Administrator's Name: _____

5. Employer/Agency Administrator's Phone: _____

6. How long has the nominee been employed at this agency? _____

7. How long has the nominee served in the hospice and/or palliative care field? _____

8. Type of Agency: Hospice Only Palliative Care Only Both Neither*

*If neither explain: _____

9. Nominee's Professional/Career Goal(s):

10. Please list nominee's most recent employers, including the last three years.

Employer Name	City & State	Dates Employed	Title/Discipline	Full or Part Time

11. List all civic organizations, community service, and volunteer activities the nominee has participated in over the past three years.

Organization Name	City & State	Dates From m/y to m/y	Approx Hours Logged	Activity



12. **Professional Involvement:** (list) – Please list any professional involvement the nominee has with hospice/palliative care organizations and/or committees below and please specify role.

Professional/Committee Involvement	Role	Dates From m/y to m/y

13. **Honor/Awards/Certifications** – Please list any honors, awards, and certifications pertaining to hospice/palliative care the nominee has earned.

Honor/Awards	Issued by	Date Issued

14. Using only one sentence, explain what makes this nominee outstanding.

Section II

15. **ESSAY** (Required to be considered)

It is important for any individual working in hospice and palliative care to embody certain qualities. Some of those qualities are:

1. Promotes and advances their profession in a positive way in the practice setting and/or community and actively seeks ways to support hospice and palliative care.
2. Demonstrates integrity, honesty, and accountability and promotes ethical practices.
3. Displays commitment to patients, families, and colleagues.
4. Demonstrates caring and assists others to grow and develop.
5. Radiates energy and enthusiasm and makes a difference in the overall outcomes of the organization.



Essay Guidelines:

- Write an essay that depicts a clear picture of how the nominee embraces and depicts each quality. The essay should be inclusive of all 5 characteristics listed above.
- The essay should be no less than 400 words.
- The essay may be typed/printed on separate pages or handwritten on the blank pages provided. If handwritten the application will be discarded if the writing is not legible.
- In order for the application to be considered, the essay **MUST** be attached and submitted at the same time as the completed application. Essays not received with the application will be discarded.

Applicant's Signature: _____ **Date:** ____/____/____