



2022 SURGICAL HOPE FOUNDATION SCHOLARSHIP

In 2010, Dr. Lionel D. Meadows and his wife, Kathryn, established Meadows Surgical Arts in Commerce, GA: a medical practice providing a welcome blend of cosmetic surgery, vein surgery, gynecological care, and primary care in a personal, private and inviting atmosphere. Dr. Meadows was quickly recognized in North Georgia for his patient care and excellent cosmetic outcomes. In 2014, Dr. Meadows expanded his thriving cosmetic surgery practice by opening a second location in Buford, GA.

Dr. and Mrs. Meadows have chosen to give back to the community by establishing a non-profit foundation, the Surgical Hope Foundation, to provide outpatient surgical services at no charge to those in need. Foundation funds and services are available to qualified individuals who are unable to afford medical insurance and who are not eligible for federal or state programs.

In addition, because Dr. and Mrs. Meadows are passionate about education, they are pleased to offer \$1,000 scholarships through the Surgical Hope Foundation to graduating Seniors who are planning to enter the medical field. Scholarships will be awarded to one student chosen from each of the following four area high schools:

- Banks County High School
- Franklin County High School
- Georgia Cumberland Academy
- Habersham Central High School
- Jackson County High School
- Stephens County High School

QUALIFICATIONS

- 3.5 GPA or higher
- Enrolling in an Accredited College or University

REQUIREMENTS

- Completed application form
- Three-page essay on how your extracurricular activities, community involvement, and life experiences shaped who you are, and how that guided your decision to pursue the medical field.

APPLICATION DEADLINE

- Friday, March 4, 2022; to be submitted to the Guidance Office at your high school.

Meadows SURGICAL ARTS

SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Phone: _____ Email: _____

School: _____ GPA: _____

College(s) applied for: _____

Major: _____

Please attach a three-page essay outlining how your extracurricular activities, community involvement, and life experiences shaped who you are, and how that guided your decision to pursue the medical field.

I certify that all information reported on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date