



Access Care of Coastal Texas

Compassionate Community-Based Assistance

The George Maida Memorial Scholarship Fund



The George Maida Memorial Scholarship Fund

The George Maida Scholarship Fund was created by a group of his loving friends and Access Care of Coastal Texas (ACCT) in memory of his deep devotion towards helping others and his strong support of higher education.

George was born on October 3, 1935, in Jacksonville, FL. A lifelong Gator Fan, he received his Bachelor's Degree at the University of Florida while also serving in the National Guard Reserve. He received his Master's Degree from Ole Miss and taught Social Studies at Ribault High School for 20 years. He served in Administration for Houston Independent School District for an additional 21 years.

He retired to Galveston and was a very active member and mentor at First Baptist Church, ACCT, Christians for Feeding the Homeless and the Galveston Island Humane Society. George served on the ACCT Board multiple times and was a dedicated volunteer for over 30 years. He was generous with his time and resources and believed everyone should have access to higher education and/or a trade.

This scholarship is meant to honor all those who volunteer, teach our children and care for the sick. A scholarship that directly reflects George Maida's life and passions.

Access Care of Coastal Texas, Inc. (ACCT) provides compassionate community-based Access to Care for persons with HIV and their health issues through direct and collaborative means, offering awareness/education, prevention, and support to the people of Coastal Texas.

707 23rd Street, Galveston, Texas 77550
(409) 763-2437
Fax (409) 763-5482
acct@accttexas.org

The George Maida Memorial Scholarship

MISSION STATEMENT: The purpose of the George Maida Scholarship is to further the education of an outstanding Senior from Galveston schools who select a career path in the educational or healthcare industries.

AMOUNT: Maximum amount of the scholarship is \$1500.00. No scholarship may be renewed.

SELECTION PROCESS: Students are evaluated on proven academic success, leadership, and demonstrated desire to work in an academic or healthcare setting. Each participant must complete a Student Application form, provide academic transcripts, and complete the required Essay.

AWARD PRESENTATION: The scholarship will be awarded at the school's annual awards ceremony and the check will be presented to the student with proof of college registration.

A complete application consists of:

1. Complete application form, including a typed essay form between 50 - 100 words.
2. Certified transcript (raised seal/signature) from high school.
3. One reference letter from counselor or equivalent school administrator
4. A photo or student I.D. must be included.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

THE ESSAY: The essay is to focus on the importance of education or healthcare provision and why you have chosen to pursue this career path.

Applications must be submitted and received no later than 5 pm on March 1st .

Please return completed application to:

Access Care of Coastal Texas, Inc.

ATTN: Scholarship Program

707- 23rd Street, Galveston, TX 77550

give@acctx.org



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A) General Information

1. Full Name _____
2. Date of Birth _____ (DD/MM/YYYY)
3. Residential Address _____
City _____ State _____ Zip Code _____
4. Mailing Address (if different)

5. Phone/Cell Number _____
6. Email Address _____
7. Parent/Legal Guardian's Name _____
8. Phone/Cell Number _____

B) School Information

1. Name of High School _____
2. Street Address _____
3. City _____ State _____ Zip Code _____
4. Date of Graduation (MM/YYYY) _____
5. Counselor's Name _____
6. Phone Number _____
7. Email Address _____
8. GPA _____ (Please include HS transcript)

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C) College Information

1. Your College Preferences:

- _____
- _____
- _____

2. Intended Major(s)

- _____
- _____

D) Please complete the following questions. Attach additional sheets if needed.

1. List your school-related extra-curricular activities:

2. List community activities in which you are now or have been a member or volunteer:

3. List honors, awards, scholarships that you have received:

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Declaration

I, _____ declare that the information provided above is true and correct. If any significant information is found to have been falsified, all benefits awarded to me by Access Care of Coastal Texas, Inc. will be withdrawn, and my application will be voided.

_____ I authorize ACCT to access my academic records and transcripts.
Initial

Signature of Parent/Guardian

Signature of Student

Date

Date

Please return completed application by mail to:

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ATTN: Scholarship Program
707- 23rd Street
Galveston, TX 77550

or by email to:

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