



# SCHOLARSHIP APPLICATION

## PURPOSE:

The purpose of this scholarship is to invest in our community by recognizing and providing financial support to individuals who want to further their education in the field of healthcare.

## CRITERIA:

Individual must be entering or continuing an accredited college or university with the intentions of majoring in a medical field, (including, but not limited to nursing, physical therapy, administration, radiology, etc.)

## SCHOLARSHIP AMOUNT:

Scholarship will be a designated amount per semester (not to exceed the actual cost of tuition, books, and supplies).

## REQUIRED DOCUMENTATION:

- Completed application
- Copy of most recent certified school transcript
- Proof of admission to the school
- A document outlining your community involvement and volunteer work
- List previous work experience
- Essay describing a person or event which has most inspired you to choose this field
- At least two letters of recommendation (one from your guidance counselor is preferred)

Failure to provide ALL required documents and/or information may disqualify applicant from consideration.

Your completed application packet must be sent via U.S. mail -OR- emailed using the contact information below:

### MAIL:

Hugh Chatham Memorial Hospital Foundation  
PO Box 560  
Elkin, NC 28621  
Attn: Katee Hettleman

### EMAIL:

[khettleman@hughchatham.org](mailto:khettleman@hughchatham.org)

## FOR ADDITIONAL INFORMATION:

Email: Katee Hettleman at [khettleman@hughchatham.org](mailto:khettleman@hughchatham.org)  
Phone: 336-527-7457



# SCHOLARSHIP APPLICATION

## APPLICANTS INFORMATION (to be filled out by the student)

Name (First Middle Last): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## EDUCATION INFORMATION:

High School: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

College: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

School Preference (first choice): \_\_\_\_\_

(second choice): \_\_\_\_\_

What general course of study are you planning to pursue and why? \_\_\_\_\_

\_\_\_\_\_

# SCHOLARSHIP APPLICATION (CONTINUED)

Scholarships already received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you intend to pay for school? (check the ones that apply)

\_\_\_\_\_ Family \_\_\_\_\_ Self \_\_\_\_\_ Loan \_\_\_\_\_ Scholarships \_\_\_\_\_ Work

Where will you live while attending school?

\_\_\_\_\_ Dormitory \_\_\_\_\_ Home \_\_\_\_\_ Rented Room \_\_\_\_\_ Apartment

## REFERENCES:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## CURRENT EMPLOYMENT:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_ Yes No

## DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an awarded scholarship, I understand that false or misleading information in my application or interview may result in disqualification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_