



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: Application must be postmarked by:

WINTER/ SPRING 2024: November 20, 2023

SUMMER/FALL 2024: March 18, 2024

- 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.

Mail or drop off a hard copy of your completed application packet to:

MAIL:

Hugh Chatham Health Foundation
PO Box 560
Elkin, NC 28621
Attn: Scholarships

ADDITIONAL INFORMATION:

scholarships@hughchatham.org | 336-527-7094



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: _____ Graduate? Yes / No Date: _____

College: _____

School Address: _____

Dates Attended: _____

Graduate? Yes / No Date: _____ Degree: _____

Other: _____

School Address: _____

Dates Attended: _____

Graduate? Yes / No Date: _____ Degree: _____

College/University Institution (where funds will be sent to): _____

Address: _____

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: _____

Full Name: _____ Relationship: _____

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: _____