



# SCHOLARSHIP APPLICATION

## FOR FALL 2025

### 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:

**FALL 2025: February 28, 2025**

- Completed application
- Copy of most recent certified/official 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 or direct supervisor 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:

336-527-7094



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

*Please Print*

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 scholarship 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: \_\_\_\_\_