

HCMH Foundation Healthcare Scholarship Instructions

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 in an amount of a maximum of \$2500 per semester (not to exceed the actual cost of tuition, books, and supplies)

Required Documentation:

- Completed application with signature
- 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 (no more than 250 words)
- At least two letters of recommendation (one from your guidance counselor is preferred)

For additional information:

Email:

Tony Cook at tcook40316@aol.com, or Patricia Wagoner at pwagoner@hughchatham.org

Phone: 336-527-7457



HCMH Foundation Healthcare Scholarship Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
Date Of Birth				
Where will you live while attending school?	Home <input type="checkbox"/>	Apartment <input type="checkbox"/>	Dormitory <input type="checkbox"/>	Rented Room <input type="checkbox"/>
How do you intend to pay for school?	Self <input type="checkbox"/>	Loan <input type="checkbox"/>	Work <input type="checkbox"/>	Family <input type="checkbox"/>
Scholarship <input type="checkbox"/>				
What scholarships have you received?				
What general course of study are you planning to pursue?				
Why?				

EDUCATION

Note: all prior eligible applicants are invited to reapply; applicant must maintain a 2.8 GPA or greater to reapply.

High School	Address			
From	to			
College	Address			
From	to	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other	Address			
From	to	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
School preference				
1st Choice		2 nd Choice		

REFERENCES

Full Name	Relationship		
Company	Phone		
Address			

REFERENCES

Full Name		Relationship	
Company		Phone	
Address			

CURRENT EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title			
From	To		
May we contact your supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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 my disqualification.

Signature	Date
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Your completed application and documentation should be returned by U.S. mail, not later than March 15th. Mail to:
Hugh Chatham Memorial Hospital Foundation
PO Box 560
Elkin, NC 28621
Attention: Patricia Wagoner