

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	2nd 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 ☐ 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 my disqualification.

Signature

Date

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