

**The Robin Hardy Hodgin Scholarship Fund Application**

**Deadline: May 15th, 2020**

In honor of an esteemed colleague who exemplifies the positive traits and characteristics of a superb healthcare leader, Northern Regional Hospital has established The Robin Hardy Hodgin Scholarship Fund. This scholarship program is designed to help jumpstart the careers of students destined to become quality caregivers.

This fund will award monies to deserving students seeking a career in **nursing** or **allied health**. Eligible students will reside within our hospital service area and possess a desire to utilize their skills and talents to serve their community at Northern Regional Hospital.

We desire to partner with students and their families in this way to help ensure our ability to provide safe and high quality care to patients and further exemplify the Hospital’s longstanding commitment to giving back to our surrounding communities.

**Note:** Preference will be given to students desiring to attend a local community college.

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We are committed to selecting eight eligible students from one or more of the supported high schools with a one-time $1,000 award to cover the cost of tuition, books or supplies. **Supported high schools can be found below:**

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| East Surry High School | North Surry High School |
| Surry Central High School | Mount Airy High School |
| Elkin High School | Carroll County High School |
| Patrick County High School | Millennium Charter Academy |
| Surry Early College |  |

**Requirements:**

In order to be considered, the applicant:

* Must be a resident of Surry, Carroll or Patrick County and/or attend one of the supported high schools listed above.
* Will complete the 12th grade and will have received a high school diploma by the end of the 2019/2020 school year.
* Must take sufficient hours to be considered a full-time student at their college of choice.
* Must complete the application packet by the noted deadline. This packet will contain:
  + A signed and fully completed application.
  + A copy of their most recent certified high school transcript and SAT or ACT scores.
  + A letter of acceptance for the fall semester from a community college, college or university on the institutions official letterhead.
  + Two letters of recommendation from a teacher(s) and/or guidance counselor.
  + A one page essay stating their passion for healthcare.

**No incomplete or late applications will be considered.**

**Funding:**

Scholarships will be awarded at the student’s high school awards program each spring, if possible. All awards by the Scholarship Committee will be provided directly to an accredited community college, college or university in the name of the scholarship recipient. **The first payment will be made available in the fall semester of the award year.**

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**THE ROBIN HARDY HODGIN SCHOLARSHIP APPLICATION**

**Note:** This is a fillable form and can be completed on your computer or printed. If opened in a Word Document, you must select View > Edit Document in order to type in the spaces provided.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | |
| Last Name | |  | | | First Name | |  | | | M.I. |  |
| Street Address | |  | | | | | | | | Apt # |  |
| City |  | | | | State |  | Zip |  | | County |  |
| Phone |  | | | Email |  | | | D.O.B. |  | | |
| What school will you be attending? | | |  | | | | | | | | |
| What course of study will you pursue? | | |  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION & EXTRACURRICULAR ACTIVITIES** | | | | |
| High School |  | Address |  | |
| From |  | To (or expected graduation date) | |  |
| List any extracurricular activities or clubs you participate in below: | | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT EMPLOYMENT** | | | | | | |
| Are you currently employed? | | Yes  No | | | | |
| Company |  | | | Start Date |  | |
| Address |  | | | | | |
| Phone |  | | Supervisor | |  | |
| Job Title |  | | May we contact your Supervisor? | | | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **DISCLAIMER & SIGNATURE** | | | |
| I certify that I have read and understand the requirements listed in this document and 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 may result in my disqualification. | | | |
| Signature |  | Date |  |