



Our Region's **CHOICE**  
for TECHNOLOGY & CARE

January 13, 2020

Dear Guidance Counselor:

We are pleased to share the news with you about the Hugh Chatham Memorial Hospital Foundation Healthcare Scholarship Program. In the spring of 2020, a minimum of \$25,000 in scholarship funds will be offered to persons desiring to pursue a career in health care. Priority will be given to persons who want to return to the Hugh Chatham Hospital service area and work.

The Foundation is entering the second year of fundraising for this highly needed campaign. Being a rural hospital requires Hugh Chatham Hospital to make a strong recruitment effort. Metropolitan areas have much to offer nurses, laboratory technicians and physicians. We feel that there are many talented people in our rural area who will want to enter the health care profession and return home to work. This program is designed to target those people.

We encourage you to share the news with your staff and students. Enclosed are applications and instructions for your distribution.

For further information, contact Patricia Wagoner, the Foundation Director at 336-527-7457.

Sincerely,

A handwritten signature in cursive script that reads "Fred Chatham".

Fred Chatham, Chairman  
HCMH Foundation

A handwritten signature in cursive script that reads "Tony Cook".

Tony Cook, Chairman  
HCMH Foundation Healthcare Scholarship Committee

## **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](mailto:tcook40316@aol.com), or Patricia Wagoner at [pwagoner@hughchatham.org](mailto: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 <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 15<sup>th</sup>. Mail to:  
 Hugh Chatham Memorial Hospital Foundation  
 PO Box 560  
 Elkin, NC 28621  
 Attention: Patricia Wagoner