



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

January 10, 2018

Dear Guidance Counselor:

We are pleased to share the news with you about the Hugh Chatham Memorial Hospital Foundation Healthcare Scholarship Program. Beginning in the spring 2018, 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 Vicki Clark, the Foundation Executive Director at 336-527-7457.

Sincerely,

A handwritten signature in black ink that reads "Bill H. Davis, Jr." with a stylized flourish at the end.

Dr. Bill H. Davis, Jr., Chairman
HCMH Foundation

A handwritten signature in black ink that reads "Tony Cook" with a stylized flourish at the end.

Tony Cook, Chairperson
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 or Vicki Clark at vclark@hughchatham.org

Phone: 336-527-7457



HCMH Foundation Healthcare Scholarship Application

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 Apartment Dormitory Rented Room

How do you intend to pay for school? Self Loan Work Family Scholarship

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 NO Degree _____

Other Address _____

From _____ to _____ Did you graduate? YES NO Degree _____

School preference

1st Choice _____ 2nd Choice _____

RECOMMENDATION

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

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: Vicki Clark