



Application for Scholarships

Note: Complete the fields on this PDF, then print and sign. We accept applications with the complete packet via standard mail.

Select the scholarship for which you are applying. You may select more than one.

Patricia Early Puett Scholarship Grant-in-Aid

G.T. Cornwell Scholarship Grant-in-Aid

VanNoppen Scholarship

J. Grayson Brothers Scholarship

Name _____ St. Address _____

City _____ State _____ ZIP _____

Select the county in which you reside: Burke Catawba Caldwell McDowell

Preferred Phone Number _____

Email _____

Check all that apply:

- UNC Health Blue Ridge Employee**
Employee number: _____ Current Position: _____ Date of Hire: _____
- Child of UNC Health Blue Ridge Employee**
Please provide employee name and department: _____
- Grandchild of UNC Health Blue Ridge Employee**
Please provide employee name and department: _____
- Volunteer at UNC Health Blue Ridge**

Name of school attending: _____

Major: _____

Name of accredited program/school of acceptance: _____

Program you are entering: _____

Program start date: _____

Expected date of graduation: _____

Degree Program: Associates Bachelor's Master's Doctorate Certification

Have you applied for scholarship funding elsewhere? Yes No

If so, how much have you been awarded to date? _____

What is the cost of one year tuition at the college/university you plan to attend? _____

Please attach your responses to the following questions in a separate document.

- Briefly describe your personal connection to UNC Health Blue Ridge.
- Briefly share the impact that UNC Health Blue Ridge has had on you.
- Briefly describe why you are pursuing a degree or higher-level degree in healthcare.
- Briefly share your long-term goals including where you see yourself post-graduation.
- Please provide a list of your extra-curricular activities or volunteerism

Please note: To be considered, the following must be mailed to:

**Blue Ridge HealthCare Foundation
Attn: Scholarships
309 South College Street
Morganton, NC 28655.**

- 1) Application
- 2) Proof of acceptance into a health care related accredited program
- 3) Written recommendation from a supervisor or instructor
- 4) Official transcript of grades from most recent classes attended (Grade Point Average of at least 2.5 on a 4.0 scale)

All mailed documentation must be post marked by April 12th, 2024.

I have read and agree to the terms regarding the funds I am requesting and attest that the information listed on this application to be true.

_____/_____/_____
Applicant's Signature Date

For Scholarship Committee

Approved _____ Denied _____

_____/_____/_____
Scholarship Committee Chairperson's Signature Date