



INITIAL APPLICATION FOR SCHOLARSHIP

The Campbell County Healthcare Foundation's mission is to advocate for quality healthcare services in Campbell County through leadership, education, scholarships and fundraising.

The Campbell County Healthcare Foundation / Festival of Trees Scholarship have the following guidelines to be considered:

- 3.5 cumulative GPA or higher
- Healthcare emphasis in course work and desired college major

The following documentation must accompany the application to be considered:

- A transcript of grades.
- Resume
- An autobiography with emphasis on career goals, why you chose to enter the healthcare field and what you hope to accomplish. Please include any other things about yourself that may be of interest to the selection committee, such as jobs, internships, or additional experience you have had.

The Foundation office is located at the Close to Home Hospice Hospitality House if you are dropping off the application.

Campbell County Healthcare Foundation monies are paid directly to the institution for which the student is enrolled. Such monies will be deposited into the student's account at the institution and may be used for tuition, books, supplies and student fees.

NOTE: Funds are limited to a maximum up to \$1250 per semester for a lifetime total of \$7500. Granting of scholarships is at the discretion of the committee and subject to the availability of funds.

PERSONAL INFORMATION

Name _____

Address _____

Permanent Address (if different)

Phone _____ SS# _____

Level of current education _____

Name and address of school or college you plan to attend.

What is your expected year in college during next academic year?

___ 1st-freshman ___ 2nd-sophomore ___ 3rd-junior ___ 4th-senior ___ graduate

Expected college degree or certificate _____

Expected date of completion of college degree or certificate Month _____ Year _____

EXPENSES

Submit the **approximate** cost of one calendar year of expenses (tuition and books) including as much detail as possible.

Total funds requested: _____

Student's last year income _____ Student's present savings and assets _____

List any other sources of income (child support, parental, spouse, etc.)

Please list any financial aide (sources & amounts) you are currently receiving or are currently eligible to receive (grants, scholarships, GI Benefits, etc.)

Have you received Campbell County Healthcare Foundation monies in the past? _____

If so, dates & amounts: _____

Upon application for this scholarship, I understand that my name may be published in advertising or promotional materials as a scholarship recipient.

Applicant's Signature

Date