

# CarolinaEast Health System Auxiliary Scholarship Program

## **History of the Scholarship Program**

The CarolinaEast Health System Auxiliary Scholarship Program began in 1984 with the sponsorship of one student. It has developed gradually, and today supports eight students for their four-year undergraduate degree. In addition several one-time grants ranging in dollar value are awarded yearly.

## **Goal of the Scholarship Program**

The main goal of the Auxiliary Scholarship program is to find well rounded students with high academic achievements during high school that are in need of financial assistance to pursue a career in a health care field.

CarolinaEast Health System serves the medical needs of citizens from Craven, Pamlico and Jones Counties. All public and private schools from these three counties are included in the invitation to participate in the yearly scholarship program.

Counselors at Craven, Pamlico and Jones County High Schools provide applications to qualified students. To submit a completed package for consideration, each student must provide:

1. A completed application
2. The Scholarship Committee will use the Free Application for Federal Student Aid form (FAFSA) report for the students' Expected Family Contribution (EFC) figures as calculated. Most college bound students have these reports for other purposes. These forms are kept strictly confidential.
3. High School Transcript and SAT Scores.
4. Student essay
5. Three references
6. Letter of acceptance from a college or university

## **Receipt of Scholarship Applications**

All applications for consideration will be received by the date chosen annually by the Scholarship Committee. After initial review to determine if applicants meet program criteria, interviews will be set-up for each candidate. An incomplete or late application will not be considered for a scholarship or grant.

CarolinaEast Health System  
Auxiliary Scholarship  
APPLICATION

General Scholarship Information:

The Scholarship Committee will select qualified candidates from all applications submitted by the **Friday, March 30<sup>th</sup> deadline**. Scholarships will be awarded based on the following 100-point guideline.

1. Financial need (maximum of 40 points)
2. Adjusted Grade average and SAT score (maximum of 35 points)
3. Personal interview (maximum of 25 points)

**Funding:**

Scholarship awards will be announced in May. All awards conferred by the Scholarship Committee will provide monies to any accredited Community College, College or University in the name of the scholarship recipient with the first payment for use in the school term beginning in the fall of the year of the award.

Each **ten thousand dollar scholarship** awarded will be paid at the rate of **one thousand two hundred fifty dollars per semester** over a four-year period. An academic course that will qualify for a diploma in less than four years will be funded per semester for the period of time required to graduate. Eligibility to receive the scholarship award each semester requires an overall grade point average in all subjects equal to a GPA of 2.75 and a minimum of twelve semester hours.

At the end of each semester, scholarship recipients must provide a typed letter of **Intent to Continue Studies** with highlights of the past school semester. A copy of the **official grade transcripts** for the semester with the Grade Point Average must be submitted. Payment of the scholarship will not be continued unless the letter and transcript are received by December 31<sup>st</sup> and June 30<sup>th</sup> of the school year. The CarolinaEast Health System Auxiliary Treasurer will pay semester funds to the designated college or university when all requirements have been met. The funds are to be used toward payments for the tuition, board, books and related expenses. Any scholarship may be cancelled due to conduct that is considered in the judgment of the Scholarship Committee to be contrary to its standards.

When additional funds are available one thousand one time grants will be awarded to qualified applicants selected by the scholarship committee. Payment

of the grant will be submitted to the designated college or university in August of the year the grant was awarded.

### **Eligibility requirements for students awarded scholarships**

A student must maintain a 2.75 Grade Point Average (GPA), take a minimum of twelve semester hours each semester of school and must remain enrolled in a health care field. When eligibility requirements are maintained, funds are issued to the college or university in semester payments over the four-year period. Each scholarship recipient will:

1. Provide an official college or university transcript of grades each semester
2. Write a brief statement each semester regarding the student's intention to remain in a health related field.

Should a student not meet criteria each semester, they are dropped from the scholarship program. The unused funds remain in the Scholarship budget and are used at the discretion of the Auxiliary Board of Directors.

### **Major source of scholarship funding**

From the beginning of the scholarship program in 1984, a major source of funding has been through profits from the Reflections Gift Shop located in the hospital. As the Gift Shop profits grow, so does the ability to increase the scholarship award and/or to provide one-time grants to students.

While the CarolinaEast Health System Auxiliary lends its financial support to many projects and continues to purchase equipment for patient care, the College Scholarship Program is one of its most rewarding endeavors.

For further information please contact the **Manager of Volunteer Services** at CarolinaEast Medical Center at **252-633-8127**.

CarolinaEast Health System  
Auxiliary Scholarship  
APPLICATION

**History and Purpose:**

The CarolinaEast Health System Auxiliary Scholarship Program was established in January 1984 to provide financial assistance to qualified individuals to further their education in a health care related profession.

**Candidate Application and Selection:**

Applications may be obtained through senior grade counselors and/or allied health care teachers in Craven, Pamlico and Jones County High Schools. All completed applications must be in the possession of the Scholarship Committee by **Friday, March 30<sup>th</sup>** of the school year in which the awards will be made. The selection and awarding of scholarships will be the decision of the Scholarship Committee as established by the Auxiliary Board.

**Qualifications:**

1. The applicant must want to train and pursue a career in a health related field.
2. The applicant must be a resident of Craven, Jones or Pamlico County (special consideration for CarolinaEast Health System Volunteers).
3. The applicant will have completed the 12<sup>th</sup> grade and will have received a diploma stating same by June 30<sup>th</sup> of the year of the award.
4. The applicant must send **a letter of acceptance** for the fall semester or quarter from a community college, college or university of their choice. This must be on the institution's official letterhead.
5. The applicant must attend sufficient classroom hours to be considered a **full time student (minimum of twelve semester hours)** at the college of choice.
6. The applicant must submit a **photograph** (place the photograph in the space below)
7. **The applicant must submit a completed application making certain all sections are accurately completed.**

Name of Applicant: \_\_\_\_\_

Paste Photo  
Here

High School: \_\_\_\_\_

CarolinaEast Health System  
Auxiliary Scholarship  
APPLICATION

**Section 1     APPLICANT'S NAME**

\_\_\_\_\_

Last	First	Middle
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\_\_\_\_\_

Age	Sex	
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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father's Residence if different from above: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother's Residence if different from above: \_\_\_\_\_

List the people sharing your household: \_\_\_\_\_

Name of your high school: \_\_\_\_\_

Name of your high school counselor: \_\_\_\_\_

**Section 2: Income**

Submit FASA. To establish the level of financial need requires a copy of the Free Application for Federal Student Aid (FASFA) evaluation. The page or card with your current EFC number is what must be included.

**Section 3: Performance**

- Verified copy of the latest high school grade transcript
- SAT Scores

**Section 4: Essay:**

Attach a typed essay of 200-300 words including the following topics:

- Your organizational affiliations, volunteer activities and health care experience.
- Why you have chosen a health care profession
- Your plans for the future
- Why you should be granted an Auxiliary Scholarship

### **SECTION 5: REFERENCES**

List three references with a personal letter of recommendation from each.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **Section 6: ACCEPTANCE LETTERS**

Attach a copy of your letter of acceptance for the fall semester from the community college, college or university that you plan to attend. This should be on the institution's official letterhead.

Initial degree planned: \_\_\_\_\_

Yearly Tuition: \_\_\_\_\_

### **Section 10: PRIVACY**

I hereby submit my application for the CarolinaEast Health System Auxiliary Scholarship. I accept the CHS Auxiliary and high school assurance that information supplied will be treated as privileged to be used only to determine my financial and academic qualifications for this scholarship.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SUBMISSION DEADLINE IS FRIDAY, MARCH 30, 2012**

### *In Conclusion*

Applications must be in the possession of the CarolinaEast Health System Auxiliary by **Friday, March 30, 2012**. Inaccurate or missing information can cause delays. Incomplete information before the posted deadline will result in the rejection of your application. Please check that you have answered all sections of the application and have included necessary attachments.

Mail the application package; use the following information on the label:

Manager of Volunteer Services  
CarolinaEast Health System Auxiliary Scholarship Committee  
P. O. Box 12157  
CarolinaEast Medical Center  
New Bern, NC 28561-2157

If you choose to hand deliver your scholarship package, ask for directions to the office of the Volunteer Manager as noted on your mailing letter. This will insure proper disposition of your application.

For confidentiality of your information, the Scholarship Chairman, Auxiliary President and Treasurer will have access to the FAFSA information. All confidential information will be shredded immediately after the conclusion of the scholarship competition.

Ten thousand dollar scholarship winners will be expected to complete a contract agreement with the auxiliary that includes:

- A required overall grade point average of 2.75
- Maintain a full time student status
- Official transcript for each semester received by December 31 and June 30.
- A typed letter of intent to continue studies in health care.