

# **NORTH CAROLINA ASSOCIATION OF HEALTH CARE RECRUITERS**

## **SCHOLARSHIP PROGRAM GUIDELINES**

### **I. PURPOSE**

The purpose of this program is to encourage and enable deserving and interested persons to pursue a career in a health profession.

### **II. ELIGIBILITY**

- A. Any individual may apply who has been accepted for admission to an accredited nursing or allied health program. These disciplines are designated by the Scholarship Committee and reviewed. The scholarship will only be awarded if the individual will be attending as a full-time student.
- B. Generally, the scholarship will not be awarded for a degree program which enhances the applicant's credentials (example: ADN nurse pursuing BSN) but does not substantially expand the scope of the applicant's job duties or abilities.

### **III. ACCEPTABLE PROGRAM**

A program from a properly accredited institution which leads either to an associate degree or a baccalaureate degree in an allied health field.

### **IV. AMOUNT OF SCHOLARSHIP**

The scholarship awarded will be in the amount of \$500.

### **V. APPLICATION PROCESS**

The process of applying for a scholarship is as follows:

- A. The individual may secure a Scholarship Program Application, Recommendation Forms, and a copy of the Program Guidelines from the website.
- B. The completed application shall be returned to the president:

Kim Rhue  
Corporate Recruiter  
Novant Health  
140 Club Oaks Court  
Winston-Salem, NC 27104  
Phone: 336-277-1912  
Fax: 336-277-1902

The application must be accompanied by:

- 1. Proof of acceptance into the program in the form of a formal letter of acceptance from the institution or a letter of verification from the Program Chairman.

2. At least two appropriate recommendations. Recommendations may be from high school teachers in the case of a new-graduate; college instructors in the case of a student enrolled in a baccalaureate program; or current or previous employers. Personal references from friends are not sufficient.
  3. A copy of the applicant's most recent official high school/college transcript.
- C. The application will be reviewed by a committee, which will review the application and supporting documentation and will approve or disapprove the application at their discretion.
  - D. During the review process, the applicant may be interviewed by the Review Committee.
  - E. The Board member will notify the applicant, in writing, of the committee's decision.
- F. Upon approval of the application, the president will request a check, payable to the recipient from the treasurer. The president will also coordinate the presentation of the check.

**VII. APPLICATION PERIOD**

Applications will normally be accepted and reviewed when completed application is received. The committee will review and select the awards.

**X. TAXABLE NATURE OF SCHOLARSHIP FUNDS**

It shall be the responsibility of the scholarship recipient to report the receipt of such funds, as necessary, for income tax purposes.

# NORTH CAROLINA ASSOCIATION OF HEALTH CARE RECRUITERS

## SCHOLARSHIP APPLICATION

**This application must be completed in full for you to be considered for a scholarship**

**Scholarships are available for continuing full-time students only.**

Name (*please print*) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
*street or box number*                      *city*                      *county*                      *state*                      *zip code*

Telephone # \_\_\_\_\_ US Citizen?    Yes    No    (*circle one*)

Email Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

***Employment History:***

<u>Previous Employer(s)</u>	<u>Dates of Employment</u>	<u>Job Duties</u>
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***Prior Education:***

<u>Schools Attended</u>	<u>Dates of Attendance</u>	<u>Degrees Obtained</u>
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Are you receiving funds from other scholarships/loans/grants? If yes, give name(s) and amount(s):

I am currently attending \_\_\_\_\_. I plan to major in \_\_\_\_\_.  
My GPA is \_\_\_\_\_. My expected date of graduation is \_\_\_\_\_.  
The address of my college/university is \_\_\_\_\_.

Please use the space below to state your reasons for applying for a scholarship. Be specific so the members of the Scholarship Committee may have a clear picture of your goals and needs. You may continue on the back of this form or attach another sheet if necessary.

I verify that all the information I have provided is accurate:

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Beverly Barnette  
Recruiter

Novant Health  
140 Club Oaks Ct.  
Winston-Salem, NC 27104

Phone: (336) 277-1910  
Fax:(336) 718-8950  
[bnbarnet@novanthealth.org](mailto:bnbarnet@novanthealth.org)

**NORTH CAROLINA ASSOCIATION OF HEALTH CARE RECRUITERS**

**SCHOLARSHIP PROGRAM RECOMMENDATION FORM**

**C O N F I D E N T I A L**

The following named individual has applied for a scholarship and has given you as a reference. It would be greatly appreciated if you would complete the recommendation form and return it to:

Beverly Barnette  
Recruiter

Novant Health  
140 Club Oaks Ct.  
Winston-Salem, NC 27104

Phone: (336) 277-1910  
Fax:(336) 718-8950  
[bnbarnet@novanthealth.org](mailto:bnbarnet@novanthealth.org)

Applicant's Name:

How long have you known him/her?

Under what relationship (i.e., teacher, college professor, employer etc.)?

What are his/her strengths?\_

What are his/her weaknesses?\_

Briefly state your recommendation of this individual.