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Phone: 252-499-8477

Fax: 252-808-6916

Website:

[www.carterthealth.org](http://www.carterthealth.org)

Email:

scholarship@CarteretHealth.org

**Carteret Health Care**

Attention: Scholarships

PO Box 1619

3500 Arendell Street

Morehead City NC 28557

Carteret Health Care offers the following scholarships for individuals pursuing health careers as Registered Nurses, Respiratory Therapists, Radiography and Surgical Technologists. These may be awarded for Associate or Baccalaureate degree programs where a license is obtainable upon graduation. **Deadline to apply is April 15.**

Each scholarship will cover approximately 90% of the total cost of the program for in-state tuition. The scholarships will be awarded to the college upon the student’s acceptance into the program. Preference will be given to individuals who are residents of Carteret County.

Should you have questions, feel free to contact Tonya Dixon, Nurse Recruiter at (252) 499-8505.

**At Carteret Health Care**

**We invite you to make a *life change*….**

Carteret Health Care is committed to being the best hospital. We are committed to hiring and training outstanding employees, promoting high quality customer service, and seeking future opportunities to meet the ever-changing needs of our community. We recruit and retain personnel based on the value system that promotes teamwork, respect for each other and our customers. Our employees and physicians are the strength and vitality of our health care system.

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NC\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Age: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male:\_\_\_\_\_ Female:\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County you reside:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How long:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Program: Associate Degree Nursing

 Baccalaureate Degree Nursing

 Respiratory Therapy

 Surgical Technician

 Radiography

# Estimated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Total # of people living in your home: \_\_\_\_\_\_\_** (List adults & their relationship to you below)

#  Relationship (Attach additional sheet if needed)

# \_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  First MI Last

# \_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  First MI Last

# \_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  First MI Last

**Number in household in college: \_\_\_\_\_\_\_ In other school: \_\_\_\_\_\_\_\_\_**

1. **Household Employment & Income:**

**Employer Yearly income after deductions**

#### Self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse** (if applicable): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Mother** (if in household): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. **Other sources of income including other scholarships/grants** requested or approved, Social Security, disability, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### College and/or High School Honors received and year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Community Volunteer Involvement, Clubs including offices held:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please provide the names of two (2) personal references who will be completing your Recommendation Forms (Include name, telephone number & address):**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Why do you want to work at Carteret Health Care?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What are your career goals and what area would you like to work/specialize? \_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever worked for Carteret Health Care? \_\_\_\_\_ No \_\_\_\_\_ Yes, if yes, please list year(s) of employment \_\_\_\_\_\_\_\_\_\_\_\_\_.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**To be considered, applications must include the following:**

* **Cover letter** stating your reason for applying, how you plan to finance your education, why you should be selected as a scholarship recipient and plans for the future including your willingness and strategy to work full-time for two years at Carteret Health Care immediately following completion of the program.
* **Letter of acceptance and college transcripts.** Please include an acceptance letter or letter of intent from the college you are or will be attending along with recent transcript and grades.
* **Two Scholarship Recommendation forms** completed by a teacher and/or employer; do not include relatives. Forms should be emailed or mailed directly by the person making the reference to CHC Scholarships. These forms must be received by the application due date.
* **Signed Scholarship & Loan Agreement**



The scholarship or loan will be for the school term beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By accepting the scholarship, I agree not to accept or pursue other job commitments/agreements that may conflict with my working full-time for (two years/one year) at Carteret Health Care in an area and shift of need as identified by Carteret Health Care.

In consideration of this scholarship loan, I agree to reimburse Carteret Health Care the total of the amount received (plus 6% penalty) if:

* I fail to successfully complete the program.
* If my employment with Carteret Health Care is terminated or not started for any reason prior to having completed three (2) years of fulltime employment in your specialty area (nursing, respiratory therapy, radiography).
* If my employment with Carteret Health Care is terminated or not started for any reason prior to having completed one (1) year of fulltime surgical technician employment.
* At time of employment, a failed background check.

Repayment in full will be expected within a six (6) month period following the occurrence of such an event that requires the reimbursement.

I understand that the scholarship loan is for education related expenses and I agree to present a copy of my official grade slip to the Human Resources Department at the end of each semester. I understand that presentation of an official grade slip is required before I will receive any additional scholarship payments for the next semester.

I have read the above statements and understand my responsibilities upon acceptance of the Carteret Health Care Scholarship. I have been accurate and truthful in completing my Scholarship Application.

This the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month and \_\_\_\_\_\_\_\_\_\_\_ year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name



The following student has applied for a scholarship with Carteret Health Care. It would be greatly appreciated if you would complete the recommendation form and return it to the address below. This information will remain confidential. Thank you for assisting Carteret Health Care in promoting health care careers and recruiting future employees who will be an asset in achieving our mission.

**Applicant’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you **known** him/her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your **relationship** (i.e. teacher, college professor, employer, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1 (lowest) to 5 (highest), please rank the scholarship applicant on the following criteria:

 **Poor or Excellent or**

##  Low High

 Oral expression/communication 1 2 3 4 5

 Written expression/communication 1 2 3 4 5

 Ability to work with others 1 2 3 4 5

 Perseverance in pursuing goals 1 2 3 4 5

 Leadership potential 1 2 3 4 5

Do you have any supporting comments on any of your ratings, which you feel would be significant to the scholarship committee on the applicant’s qualifications?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are his/her **strengths**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does he/she **need to improve**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary evaluation** (please check one):

\_\_\_Strongly recommend \_\_\_Recommend \_\_\_Recommend with reservations \_\_\_Do not recommend

### Signature Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Company/School Telephone Date

**Carteret Health Care**

Attn: Scholarships • 3500 Arendell St. • Morehead City NC 28557 • scholarship@CarteretHealth.org

**Guidelines**

**Education**

**SUBJECT/TITLE:** Scholarship Guidelines

**AUDIENCE:** Senior Level High School Students

**PURPOSE:** In an effort to promote local Carteret County residents who aspire to work at Carteret Health Care, the Board of Directors at CHC will provide scholarships in an amount set each year. In return the student will work for a predetermined amount of time once graduating and passing the board exams in their respective discipline.

**DEFINITIONS:** Scholarship means funds awarded to students or on their behalf with the intent to support the education expenses of the recipient. Scholarships will include funds designated for tuition, books and fees required for the program in which the student is enrolled.

**I. Scholarship Criteria**

The specific parameters and selection criteria of each scholarship are determined by The Scholarship Committee based on guidelines set forth by The Board of Directors. The Scholarship Committee will meet at least twice a year to determine selection criteria and needs for the following year and to debrief the previous year.

Scholars are to be selected on an objective and nondiscriminatory basis. When choosing scholars, Carteret County residents will have first priority, if they meet the scholarship criteria. If the number of scholarships available exceeds the number of appropriate Carteret County applicants, other applicants may be awarded from outside of Carteret County.

Applicants must be currently accepted to an accredited college or university in the following programs to be considered for the CHC Scholarship: Nursing, Respiratory Care, Surgical Tech. or Radiology. These may be awarded for Associate or Baccalaureate degree programs where a license/certification is obtainable upon graduation. This criteria is subject to change based on the organization’s needs. Minimum GPA of at least 2.5 validated by high school transcripts.

Completed applications must be submitted by April 15. Late and incomplete applications may be considered if the total scholarship funds have not been allocated.

Scholarship recipients must agree to work full time for Carteret Health Care for two years after graduation and obtaining their license/certification. If the student does not work for two years after graduation, they are required to reimburse Carteret Health Care the total amount of scholarship paid on their behalf plus 6% penalty.

**II: Scholarship Application Requirements**

1. Completed application. [Linked here](https://drive.google.com/open?id=1n8kEw6kQxaOWemZHE55wPTpp3z0OqLo0).
2. Cover letter to include the following:
	1. how the student plans to finance their education
	2. why they should be selected as a scholarship recipient
	3. plans for the future including their willingness and strategy to work full-time for two years at Carteret Health Care immediately following completion of the program.
3. Letter of acceptance and high school transcripts.
4. Two Scholarship Recommendation Forms
	1. Completed by a teacher and/or employer
	2. Do not include relatives
	3. Forms emailed or mailed to the person by the scholarship applicant, addressed to the address on the scholarship application.
	4. Must be received by the application due date
	5. Forms found with scholarship application
5. Signed scholarship and loan agreement
	1. Attached to scholarship application

**III. Payment of Scholarship Funds**

1. The CHC Scholarship will pay for approximately 90% of the total cost of the program.
	1. 100% of tuition, fees and books will be paid for the classes required for the program not to exceed the total cost of the same program at Carteret Community College; per year maximum of four years
		1. Tuition and Fees will be paid directly to the school
		2. Books will be charged in the school bookstore and the bookstore/school finance office will bill Carteret Health Care directly
		3. If books are purchased outside of the school bookstore, the student is responsible for the cost of the books
	2. Up to $1500 will be reimbursed if a laptop is required for the program
		1. If possible, students will need to purchase these through the school bookstore and charge to their account
		2. This is a one-time reimbursement. The Hospital is not responsible for repairs or replacement of the laptop.
2. If a scholarship recipient submits a receipt for reimbursement to themselves instead of the school, the HR and Education departments will decide if this is an appropriate reimbursement and send through finance accordingly.