



UNC Health Nash Nursing/Allied Healthcare Scholarship Application

Student ID Number (Example 0123456) _____

Birthdate (Month/Day/Year) _____

Example 01/01/1975

Internal UNC Health Nash Employee ID # _____

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

County of Residence _____

Cell Phone Number (include area code) _____

Primary email address _____

Indicate your current year in Associate Degree program _____

GPA _____ (required minimum 2.0)

Please attach the following documents to the application:

- List of community involvement activities (civic organizations, church, PTA, sports activities, etc.)
- Personal Statement explaining career objectives, goals and interest in your career field. Why you chose a career in Nursing/Allied Health **and** why are you interested in working at UNC Health Nash upon graduation. (minimum of 500 words).
- Two (2) letters of reference (from non-family members) explaining why you should be a recipient of the UNC Health Nash Scholarship.

Checking yes will serve as your signature that this information is true and correct. Also, it gives your college permission to release your college transcripts to the selection committee.

I understand that the information on this form, as well as my transcripts may be shared with the scholarship selection committee.

Yes, I understand

I understand selection for this scholarship entails a contractual arrangement with UNC Health Nash. If I am selected and agree to accept this scholarship, I will be expected to enter into a contract with UNC Health Nash to include participation in 1-2 social and/or volunteer hours per semester sponsored by UNC Health Nash and a work service agreement. (Submission of the scholarship application does not guarantee an employment contract.)

Yes, I understand

Please check the appropriate scholarship you are applying too:

Nursing Scholarship

- Registered Nurse
- Licensed Practical Nurse

Allied Health Scholarship

- Respiratory Therapist
- Surgical Technologist
- Medical Laboratory Technologist
- Physical Therapy Assistant
- Radiography Technologist
- Nuclear Medicine Technologist

Signature _____

Date _____