



CAROLINAS MEDICAL CENTER - LINCOLN

SCHOLARSHIP APPLICATION

SECTION I - PERSONAL AND FAMILY INFORMATION

Applicant's Full Name: _____

Last

First

M.I.

Applicant's Address: _____

Street

City

State

Zip

Telephone Number: (____) _____ Date of Birth: ____ / ____ / ____

SS number: _____ US Citizen: Yes ____ No ____

Parent/Guardian Name(s): Father _____

If applies

Mother _____

Guardian _____

Are you an employee of Carolinas Medical Center - Lincoln? ____ Yes ____ No

If "No", skip to Section II. If "Yes", please respond to the following:

Employment Status: ____ FT ____ PT ____ PRN Date of Hire: _____

Department: _____ Position: _____

SECTION II - CAREER INTENT

____ Pharmacy ____ Occupational Therapy ____ Physical Therapy
____ Speech Therapy

Indicate schools and specific programs to which you have applied **and** been accepted. **Proof of enrollment is required and should be furnished with the application. Please attach the most recent transcript with current GPA.**

School	Program
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School	Program
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High School GPA: _____ Program Completion / College Graduation Date: _____

Have you ever been charged with a felony or misdemeanor including worthless checks Yes _____ No _____
(if yes please explain on the back of this form.)

SECTION III - EMPLOYMENT AND EXTRACURRICULAR ACTIVITIES

Indicate employment history, if any (during the summer and school year). Include the length of employment, the position(s) and responsibilities:

List participation in activities, clubs, organizations, or community events. Include any offices or positions held:

SECTION IV - YOUR INSPIRATION

You may attach additional paper to your application if needed to give your responses.

Give a written expression of what your inspiration is or has been for your career intent. Include your financial need for the Scholarship.

SECTION IV continued

Why should you be chosen as a recipient of one of Carolinas Medical Center – Lincoln Scholarship recipients?
What talent or special abilities do you have that you feel will enhance your capabilities to better serve the customers of Carolinas Medical Center - Lincoln? (i.e., leadership track record; speak and/or read more than one language; know sign language; know CPR; etc.)

A personal interview may be a part of the selection process. All applications will be screened and approved by the Carolinas Medical Center-Lincoln Administration.

Deadline for Application: July 25, 2009

Applicant's Signature

Date

Department Leader
(If employed by hospital)

Date