



Application for Scholarships

Note: Complete the fields on this PDF, then print and sign. We accept applications with the complete packet via standard mail.

Select the scholarship for which you are applying. You may select more than one.

Patricia Early Puett Scholarship Grant-in-Aid

G.T. Cornwell Scholarship Grant-in-Aid

VanNoppen Scholarship

J. Grayson Brothers Scholarship

Name _____

Address _____

Select the county in which you reside: Burke Catawba Caldwell McDowell

Preferred Phone Number _____

Email _____

Check all that apply:

UNC Health Blue Ridge Employee;
If employee, provide your employee number: _____ Date of Hire: _____

Child of UNC Health Blue Ridge Employee

Grandchild of UNC Health Blue Ridge Employee
If child/grandchild, provide employee name and department: _____

Name of school attending: _____

Major: _____

Name of accredited program/school of acceptance: _____
Program you are entering: _____

Program start date: _____

Expected date of graduation: _____

