



HEALTHCARE FOUNDATION, INC.

Application for Scholarships

Please fill out the Application, Print, and Sign. We accept applications with the complete packet via standard mail.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Please select the county in which you reside: Burke Catawba Caldwell McDowell Other: _____

Are you a UNC Health Blue Ridge Teammate? Yes No

If yes, please list your U#: _____

Are you related to a UNC Health Blue Ridge Teammate? Yes No

If yes, please list name of Teammate and Department: _____

Do you currently Volunteer at UNC Health Blue Ridge? Yes No

Current High School or College/University Name: _____

List the College you been accepted to or plan to attend: _____

Health related program you intend to study or currently study: _____

Expected date you will begin the program: _____ Expected date of Graduation: _____

Degree Program: Associates Bachelor's Master's Doctorate Certification

What is the cost of ONE year tuition at the College/University you plan to attend? _____

Have you applied for scholarship funding elsewhere? Yes No

If yes, how much have you been awarded? _____

Please select the Scholarship you are applying for (*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

In a separate document, please provide responses to the following (5) questions:

- Briefly describe your personal connection to UNC Health Blue Ridge
- Briefly share the impact that UNC Health Blue Ridge has had on you
- Briefly describe why you are pursuing a degree or higher-level degree in HealthCare
- Briefly share your long-term goal including where you see yourself post-graduation
- Please provide a list of your extra-curricular activities or volunteerism

In order for your application to be processed the following documents are required to be submitted:

- Application completed and signed
- Separate document with responses to the above (5) questions
- Written recommendation from a supervisor or instructor
- Transcript of grades from most recent classes/courses attended with a GPA of 2.5 or greater
 - An unofficial transcript is acceptable for application processing

If selected as a scholarship recipient, the following documents are required to be submitted prior to scholarship money being disbursed:

- Official Transcript of grades from most recent classes/courses with GPA of 2.5 or greater
- Proof of acceptance into a HealthCare related accredited program

Please Mail all documents to:

- **Blue Ridge HealthCare Foundation**
Attn: Scholarships
309 South College Street
Morganton, NC 28655

All required documents must be post marked by March 31, 2026

I have read and agree to the terms regarding the fund I am requesting and attest that the information listed on the application and attached documents to be true.

Applicant's Signature

_____/_____/_____
Date

This area for Scholarship Committee

- Approved
- Denied

Scholarship Committee Chairperson's Signature

_____/_____/_____
Date

