|  |  |
| --- | --- |
| logo | 2022 Scholarship for High School Seniors |

# Scholarship Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of Birth: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Home Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SS#: |  | Phone (Cell): |  | Phone (Home): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | | |
|  |  |  |  |
| Date of Expected Graduation: |  | Current Unweighted GPA: |  |

|  |  |
| --- | --- |
| High School: |  |
|  |  |
| School Counselor: |  |
|  |  |
| Counselor’s Contact Information: Phone: | (Office): (Mobile): |
|  |  |
| Email: |  |

## Educational Plan

|  |  |
| --- | --- |
| College or University: |  |
| Address: |  |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you been accepted for enrollment? | YES | NO | Expected date of enrollment: |  | Intended college major: |  |
|  |  |  |  |  |  |  |
| Are you a candidate for other scholarships? | YES | NO | If yes, please list: |  | | |

## References

Please list two references, one from your school and one from your community: (Please give a reference form to each of these individuals.)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |
| Email: |  | | |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |
| Email: |  | | |
|  |  |  |  |

## Community Service and Extracurricular Interests

|  |  |
| --- | --- |
| Activity: |  |
|  |  |
| Activity: |  |
|  |  |
| Activity: |  |
|  |  |

|  |  |
| --- | --- |
| Notable achievements: |  |
|  |  |
|  |  |
|  |  |

## Required Documents

|  |  |
| --- | --- |
| Essay | Question: Triangle North Healthcare Foundation’s mission is to encourage, support, and invest in quality efforts that measurably improve health in the region, which includes Franklin, Granville, Vance, and Warren counties. The Foundation’s Vision Statement is to live in a healthy community. How will your educational goals contribute to and support the Foundation’s mission and vision? |
|  | Instructions: In one page, typed in 12 point font and double-spaced, please write an essay that answers the question above. Please submit your essay with your application. |
|  |  |
| Letter of acceptance: | Please submit a copy of the letter of acceptance you have received from the college or university you plan to attend. |
|  |  |
| Supporting Documents: | Please submit your two references and an official transcript, sealed and certified, with this application. |

## Disclaimer and Signature

With my signature below, I certify that my answers on this application are true and complete to the best of my knowledge. I understand that false or misleading information on my application or interview may result in disqualification for this scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |