



# 2026 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: \_\_\_\_\_



**Academic Reference**

*To be Completed by the Applicant*

Student Name \_\_\_\_\_

High School \_\_\_\_\_

Reference Requested From: \_\_\_\_\_

*I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and I agree that any comments below will remain confidential.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*To Be Completed by the individual Providing the Reference*

Name \_\_\_\_\_

How long have you known this student and in what capacity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above named applicant is applying for the Triangle North Healthcare Foundation Scholarship (TNHF). Your experience with the student, including academic performance, intellectual promise, and personal qualities will greatly help in the evaluation of this candidate.

Evaluate the applicant based on the following characteristics and in comparison with other students whom you have known at similar stages in their academic career.

	Outstanding (top 1%)	Excellent (next 5%)	Above Average	Average	Below Average
Demonstrated Leadership					
Academic Motivation & Performance					
Interaction with Peers					
Emotional Maturity					
Initiative					
Community Awareness & Involvement					
School Activity Participation					
Overall Impression/Recommendation					

Are there any special circumstance, background information, financial circumstances, or other factors (positive/negative) that affected his/her performance in school or that should be taken into consideration? \_\_\_\_\_

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To your knowledge, how does the applicant's post-secondary plans support the mission of TNHF, to encourage, support and invest in quality efforts that measurably improve health in the region which includes Franklin, Granville, Vance, and Warren counties, and its vision, to live in a health community?

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Please include any additional information about this applicant.

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Your Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Community Member Reference**

*To be completed by the applicant*

Student Name \_\_\_\_\_

High School \_\_\_\_\_ School Counselor \_\_\_\_\_

School Address \_\_\_\_\_

Reference Requested From: \_\_\_\_\_

*I freely & voluntarily waive my rights of access to any and all information contained in this recommendation, and I agree that any comments below will remain confidential.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*To be completed by the individual providing the reference*

Name \_\_\_\_\_

How long have you known this student and in what capacity? \_\_\_\_\_

The above named applicant is applying for the Triangle North Healthcare Foundation Scholarship (TNHF). Your experience with the student will greatly help in the evaluation of this candidate.

Evaluate the applicant based on the following characteristics and in comparison with other students whom you have known at similar stages in their academic career.

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
Motivation & seriousness of purpose					
Emotional stability & maturity					
Self-reliance & independence					
Growth Potential					
Overall Recommendation					

Are there any special circumstance, background information, financial circumstances, or other factors (positive/negative) that affected his/her performance in school or that should be taken into consideration? \_\_\_\_\_

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To your knowledge, how does the applicant's post-secondary plans support the mission of TNHF, to encourage, support and invest in quality efforts that measurably improve health in the region which includes Franklin, Granville, Vance, and Warren counties, and its vision, to live in a health community?

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Please include any additional information about this applicant.

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Your Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return this form in a sealed envelope to the school counselor at the high school listed above.