



Carolinan HealthCare System  
*Blue Ridge*

**Carolinan HealthCare System Blue Ridge Volunteers Scholarship Application 2018**

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ High  
School and Year Graduated: \_\_\_\_\_ (Date Graduated) \_\_\_\_\_  
College/University you will attend: \_\_\_\_\_  
Approximate Cost: \_\_\_\_\_  
Intended Major: (Must be in the Healthcare field) \_\_\_\_\_  
If Applicant is employed, where and how many hours per week? \_\_\_\_\_

Complete the appropriate blanks below:

1. a. SINGLE (DEPENDENT OF PARENTS)

Parents' Names: \_\_\_\_\_  
Occupations: \_\_\_\_\_  
Employers' Names and Addresses: \_\_\_\_\_  
\_\_\_\_\_  
List ages of brothers/sisters at home or in college: \_\_\_\_\_  
\_\_\_\_\_

b. SINGLE (NOT DEPENDENT OF PARENTS)

Occupation: \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_

2. MARRIED

Spouse's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_