



Carolinan HealthCare System
Blue Ridge

**2017 Carolinas HealthCare System Blue Ridge Volunteer Scholarship
Checklist for _____ (Name)**

Please attach photo to upper left corner of this application

Dear Applicant:

Please find below the “REQUIREMENTS” for application for the 2017 Carolinas HealthCare System Blue Ridge Volunteer Scholarship. Follow each required step and complete. Remember, these requirements are your total responsibility. Best Wishes! (PLEASE CHECK OFF EACH ITEM WHEN COMPLETED)

- Complete this application and include an **ORIGINAL** photo (No Photo Copy) _____ **CHECK**
- Include a copy of your high school transcript (s) _____ **CHECK**
- Include a completed **FAFSA** (Free Application for Federal Student Aid) or verification of all income of family members for the previous year. (i.e., W-2, -4) _____ **CHECK**
- Include a letter stating why you need this scholarship. Why did you select the College/University you plan to attend, and what you are considering as a life work? _____ **CHECK**
- Attach a list of your school/community activities and honors _____ **CHECK**
- Include three sealed online forms of recommendation, excluding family members. Forms should be from a teacher, one personal recommendation and one work related. _____ **CHECK**
- Return the permission forms for publication of individual photos. _____ **CHECK**

COMPLETED APPLICATION SHOULD BE POSTMARKED AND MAILED NO LATER THAN MARCH 17 2017. APPLICATIONS MAILED LATER THAN THE STATED POSTMARK DATE WILL BECOME INELIGIBLE FOR CONSIDERATION.

**MAIL APPLICATIONS TO: CHSBV SCHOLARSHIP COMMITTEE,
C/O: MR. FREDDIE M. SETZER
P.O. BOX 2502
DREXEL, NC 28619**

PROCEDURE FOR SCHOLARSHIP PAYMENT

The scholarship payment will be sent to the college/university once the Director of Volunteer Services receives proof of enrollment. The statement must also include the student's ID# and the address to which the payment is to be sent. Proof of enrollment and a copy of each scholarship recipient's grades with current GPA must be sent to the Director of Volunteer Services before the second semester payment will be made. Recipients must maintain at least a **2.50** GPA per semester and remain in a health related field of study. Scholarship payments will not be made until this information is provided. If the scholarship recipient fails to maintain a GPA of 2.50, changes to a non health-related field of study, or leaves school, the scholarship will be terminated.

In the event that a student receives a full scholarship or is otherwise unable to utilize the CHSBRV Scholarship and this information is available to the Scholarship Committee prior to the beginning of the school year, the Scholarship Committee will award the scholarship to the alternate. Need-based scholarship will be awarded to the alternate for need-based and merit scholarship will be awarded to merit.

Recipients are responsible for sending the requested information to:

Freddie Setzer
CHSBRV Scholarship Chairperson
P.O. Box 2502
Drexel, North Carolina 28619

(1/17)