

Granville Health System Foundation Sam Perry Memorial Scholarship 2019

This scholarship will be awarded by Granville Health System Foundation to an individual who has been accepted into an allied health program at an accredited school and who intends to pursue a career in the health care field. A monetary award of one thousand dollars (\$1,000.00) will be presented to the recipient following documented acceptance and enrollment into the chosen health care program, along with a copy of the school's tuition schedule.

Criteria for this scholarship are as follows:

1. Applicant must be a Granville County resident.
2. The scholarship application package must include the following:
 - A. Completed scholarship application
 - B. Current copy of official high school or college transcript, with a GPA
 - C. Copy of test scores (SAT, ACT, etc.)
 - D. Recommendations: Three (3) written letters of recommendation are required. Each letter must be signed and be in a separate sealed envelope, with the recommender's original signature handwritten across the outside flap of the sealed envelope. The names and addresses of the three individuals from whom you have requested a letter of recommendation must be listed on the application. Recommendations should document the applicant's scholarship and leadership abilities, interpersonal skills, integrity and potential in the health profession. Acceptable recommendations can be made by:
 - A professor, instructor, and/or principal
 - An employer
 - Any other source other than a relative
3. Proof of acceptance into an accredited, two (2) or four (4) year allied health program. (Will be required only if applicant is the scholarship recipient - see list of acceptable programs Addendum A.)

Personal Essay: Applicants must submit a typewritten, two (2) page essay that includes the following information, and attach it to the application:

- Why you have chosen to pursue a health-related career
- Your career goal. Be specific.
- Financial need. What the scholarship will enable you to do and why the scholarship is important to you.

All applications are to be submitted by the applicant and mailed directly to:

**Granville Health System Foundation
Attn: Community Relations Department
1010 College Street
P.O. Box 947
Oxford, NC 27565**

Completed application packages must be received by 4 p.m. on April 26, 2019 for consideration. Letters of recommendation may be enclosed with your application, or sent directly to the address shown; all letters must be received by April 26, 2019 to be eligible.

Any applicant who fails to submit all required documents by the deadline will be deemed ineligible and will not be considered for funding under this announcement. Application packages deemed incomplete (i.e., missing, inconsistent, or incomplete supporting documents) will not be considered for funding. The Granville Health System Foundation will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.

The Granville Health System Foundation Board of Directors will make the final decision on the scholarship award and the individual selected for the award will be notified by mail and phone by May 24, 2019. To accept the award, the selectee must respond by June 14, 2019. If the selectee does not respond by that deadline, the offer of award expires and the award will be offered to an alternate. Individuals not selected for the scholarship award will be notified via mail by July 1, 2019.

By July 31, 2019 the scholarship recipient will be required to submit to the Granville Health System Foundation verification of acceptance and enrollment in the allied health program, and a copy of the school's tuition schedule, in order to ensure payment of the scholarship.

Please list any friends or relatives currently working on the Granville Health System Foundation Board of Directors, or any of its committees.

Career Goal (Be specific as to health care area – nurse, physical therapist, radiological technology, physician assistant, and related fields – see Addendum A): _____

Specify the program you intend to pursue: _____

Overall GPA (must be converted to a 4.0 scale): _____

Please list below any schools or colleges attended:

School	Name	Address	Dates	Type of Diploma or Degree Received
High School				
College				
Vocational				
Graduate School				
Other				

Please list any previous employment:

Please list (or attach list of) organizations you belong to, including school, business, and/or civic organizations; any titles you hold/held in the organizations; and any awards and/or recognition received (example: National Honor Society, Rotary, United Way Board). Please list in descending order of significance:

Please list (or attach list of) any community service activities you have been involved in, including any titles you hold/held, and any awards and/or recognition received (example: medical center volunteer, food bank, adopt-a-highway). Do not repeat items listed previously. Please list in descending order of significance:

List the names and addresses of the three individuals from whom you have requested letters of recommendation, and their relationship to you (relatives may not be used for recommendations):

1. _____
2. _____
3. _____

Have you applied to an accredited school or college? Yes No

Name of school _____

Has your application been accepted? Yes No

Please list other scholarships received, and the amount of each:

Personal Essay: Please submit a typewritten, two (2) page essay that includes the following information, and attach it to the application:

- Why you have chosen to pursue a health-related career
- Your career goal. Be specific.
- Financial need. What the scholarship will enable you to do and why the scholarship is important to you.

I certify that every response is correct. I have read the contract (see contract on pages 10-11) between the Granville Health System Foundation and the successful applicant and, if selected, agree to abide by the terms and provisions thereof.

Signature

Date

Please ensure you have completed or attached the following:

- Current copy of official high school or college transcript, with a GPA
- Copy of test scores (SAT, ACT, etc.)
- List of school, business, and/or civic organizations you belong to (list and description)
- List of community service activities
- 3 Letters of recommendation (note – each letter must be signed and be in a separate sealed envelope, with the recommender’s original signature handwritten across the outside flap of the sealed envelope – letters may be mailed separate from application)
- Personal Essay

Addendum A
Acceptable Allied Health Science Programs of Study
Accredited, 2 and 4 Year Programs

Clinical Laboratory Sciences

Physical Therapy

Occupational Therapy

Radiological Science

Pharmacy

RN, BSN, ADN, LPN

Dentistry and Related Careers

Mid Level - Physician Assistant/Nurse Practitioner

**NORTH CAROLINA
GRANVILLE COUNTY**

THIS CONTRACT, made and entered into this the ____ day of _____, 2019, by and between the GRANVILLE HEALTH SYSTEM FOUNDATION, of Granville County, North Carolina (hereinafter referred to as "Foundation"), and _____ of Granville County, (hereinafter referred to as "Recipient").

WITNESSETH:

THAT WHEREAS, the Foundation has established the Sam Perry Scholarship Fund for the purpose of encouraging residents of Granville County to enter the allied health profession; and,

WHEREAS, the Recipient has been accepted as a full-time student in an allied health program at an accredited school and has applied to the Foundation for assistance from its scholarship fund.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, the parties do agree as follows:

1. That upon Recipient's furnishing written proof, satisfactory to the Foundation's representative, that Recipient has enrolled and continues to be enrolled as a full-time student in an allied health program at an accredited school, the Foundation agrees to pay the sum of one thousand dollars (\$1,000.00) toward the Recipient's tuition. Payment will be made directly to the school no later than one month before the start of the first semester; unless the Recipient provides written documentation that the Recipient has already made payment in full to the school for the semester. If the Recipient has made payment in full to the school, the scholarship payment will be made payable to the Recipient, and picked up at the Administrator's office by the Recipient.

2. If any of the following events shall occur, then the Recipient shall repay all sums advanced hereunder by the Foundation within thirty (30) days from the occurrence of the event, plus interest to be calculated at the current prime rate plus 1.5%.

(a) Recipient's enrollment as a full-time student in an allied health program at an accredited school is discontinued for any reason prior to graduation.

(b) Recipient fails for any reason to become a certified allied health professional within the time usually and customarily required for completion of studies and passage of the certification examination.

3. In the event Recipient shall fail to make repayment as provided for in paragraph two hereof, the undersigned parent(s) or guardian(s) or spouse of the Recipient do hereby jointly and severally guarantee payment to the Foundation, as herein provided.

IN TESTIMONY WHEREOF, the parties hereto have executed this CONTRACT in duplicate originals, one of which is retained by each of the parties the day and year first above written.

GRANVILLE HEALTH SYSTEM FOUNDATION

By:

President and Chairman of the Board

Date: _____

Student

Student's Parent, Guardian, or Spouse

Student's Parent, Guardian, or Spouse

