3HC Healthcare Scholarship Program

Deadline for applications and all documents is by March 1st.

- Refer to requirements section below for eligibility requirements.
- Refer to scholarship application below for a list of supporting documents needed. Please note: Incomplete applications will not be considered.
- Submissions should be emailed to lholland@3hc.org or mailed to 2402 Wayne Memorial Drive Goldsboro, NC 27534, to the attention of Lisa Holland.
- All submissions should be typed.
- Scholarships to be awarded in April.
- If you have any questions, please email lholland@3hc.org (Lisa Holland).

Requirements:
- Spouse/child/grandchild of active/retired 3HC employee
- 500-900 word essay. Topic: Share your "WHY" for entering into the healthcare field.
- 18 years old at time of monetary award with signed working commitment contract
  - CNA 2 year employment commitment
  - RN 5 year employment commitment
- Completed Application
- Accepted into CNA/RN Program (proof to be submitted prior to scholarship payout)
- Two Letters of Recommendation from non-family member

Scholarship Application

Applicant Information

Full Name: ____________________________________________ Date: ____________________________

Last            First            M.I.

Address: ____________________________________________ Apartment/Unit # __________________

Street Address

City

State

ZIP Code

Phone: ______________________________ Email: ______________________________

Name and title of parent or grandparent who is a 3HC employee/retiree.

____________________________________________________

Applying for CNA or RN Scholarship

CNA  □  RN  □  College/Program attending: ______________________________

Are you a current high school student?  YES  □  NO  □

Are you willing to sign an employment contract based on award type?  YES  □  NO  □
Education

High School: __________________________ Address: __________________________

From: _______ To:_______ Did you graduate? □ NO □ Diploma:____________________

College: __________________________ Address: __________________________

From: _______ To:_______ Did you graduate? □ NO □ Degree:____________________

Other: __________________________ Address: __________________________

From: _______ To:_______ Did you graduate? □ NO □ Degree:____________________

Signature: __________________________ Date:____________________