

## 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 <a href="mailedto:lholland@3hc.org">lholland@3hc.org</a> 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 <a href="mailto:lholland@3hc.org">lholland@3hc.org</a> (Lisa Holland).

## Requirements:

- Spouse/child/grandchild of active/retired 3HC employee
- o 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
  - o 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 Info	rmation	
Full Name:	Last	First	M.I.	Date:
Address:	Street Address			Apartment/Unit #
				, , , , , , , , , , , , , , , , , , , ,
	City		State	ZIP Code
Phone:		Ema	il	
Name and t employee/re	itle of parent or grandparent etiree.	who is a 3HC		
Applying for	r CNA or RN Scholarship	CNA RN □ □ <u>Colle</u>	ge/Program attending:	
Are you will	urrent high school student? ing to sign an employment sed on award type?	YES NO  YES NO		

Education								
High School:		Address:_						
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:_						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Signature:						Date:		