

Granville Health System Foundation Sam Perry Memorial Scholarship 2011

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 five hundred dollars (\$500.00) 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 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: Janet Herzberg, Community Relations Director
1010 College Street
P.O. Box 947
Oxford, NC 27565**

Completed application packages must be received by 4 p.m. on March 31, 2011 for consideration. Letters of recommendation may be enclosed with your application, or sent directly to the address shown below by March 31, 2011.

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 31, 2011. To accept the award, the selectees must respond by June 15, 2011. 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 June 30, 2011.

By July 30, 2011 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.

**Granville Health System Foundation
Sam Perry Memorial Scholarship 2011 Application Form**

Name _____
 First Middle Last

Home Address _____
 Street City State Zip Code

Granville County resident? Yes _____ No _____

Home Phone Number _____ Cell # _____

E-mail: _____

Date of Birth _____
 Month Day Year

Occupation and Employer _____

Spouse _____
 Name Address

Occupation and Employer _____

Father _____
 Name Address

Occupation and Employer _____

Mother _____
 Name Address

Occupation and Employer _____

Annual household income \$ _____

Do you have any responsibilities that might interfere with your training? (If so, please describe.)

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 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 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 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 across the outside flap of the sealed envelope)
- Personal Essay

Granville Health System Foundation Sam Perry Memorial Scholarship 2011 Rating Sheet

1. Transcript: 20 points maximum

- GPA:
 - 4.0 10 points _____
 - 3.0 5 points _____
 - 2.0 2 points _____
- Courses taken (Emphasis on challenging courses, APA, health science and science) 5 points _____
- Other (test scores, SAT, ACT, etc.) 5 points _____

2. Leadership Activities and Recognition: 35 points maximum

Evaluate the quantity and quality of activities; school, business, or civic organizations; and other activities that require leadership skills.

- School, business, or civic organizations 5 points _____
- Quality of leadership activities, clear evidence of leadership, responsibility and commitment 10 points _____
- Number and variety of leadership activities 5 points _____
- Recognition and awards 10 points _____
- Certifications 5 points _____

3. Community Involvement: 15 points maximum

Quality, quantity, duration and impact of community service activities 15 points _____

4. References: 9 points maximum

- Each reference rated as follows: 9 points _____
- Outstanding reference with specific examples (3 pts.)
 - Outstanding, but general (2 pts.)
 - Good (1 pt.)

5. Essay: 21 points maximum 21 points _____

TOTAL POINTS (out of 100) _____

Comments: _____

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

Granville Health System Foundation Timelines for Sam Perry Memorial Scholarship 2011

Date	Activity	Responsibility
December 2010	Update lists of schools/colleges	GHS Community Relations Director
January 3, 2011	Announce scholarship <ul style="list-style-type: none"> • Letters to Granville County high school counselors • Letters to financial aid offices and instructors at area post secondary schools. • GHS website • Media release • GHS Intranet • Meditech 	GHS Foundation President GHS Marketing Department
January 3, 2011	Start accepting applications	GHS Community Relations Director
March 1, 2011	Media release re application deadline	GHS Community Relations Director
March 28, 2011	Appoint scholarship sub-committee to review applications	GHS Foundation President
March 31, 2011 at 4:00 p.m. ET	Deadline for applications and letters of recommendation	Scholarship Applicants GHS Community Relations Director
April, 2011	Review all applications and select scholarship recipient	Foundation Scholarship sub-committee
April 2011	Recommend scholarship recipient to GHS Board of Trustees	GHS Foundation President
May 31, 2011	Notify scholarship recipient of award by letter and phone	GHS Foundation President
June 15, 2011	Accept award and submit signed scholarship contract	Scholarship Recipient
June 16, 2011	Notify applicant of selection as alternate for award (if applicable)	GHS Foundation President
June 30, 2011	Accept award and submit signed scholarship contract	Scholarship Alternate
June 30, 2011	Notify applicants of non-selection for scholarship award	GHS Foundation President
July 30, 2011	Verification of scholarship recipient's acceptance and enrollment in the allied health program, with copy of school's tuition schedule/fees	Scholarship Recipient GHS Community Relations Director
August 15, 2011	Announcement of scholarship winner <ul style="list-style-type: none"> • GHS website • Media release 	GHS Marketing Department
August 15, 2011	Payment of scholarship award to school	GHS Community Relations Director
Ongoing	Certification regarding debarment, suspension, disqualification, and related matters	Scholarship Recipient