

DOSHER HOSPITAL VOLUNTEERS HEALTH SCIENCES EDUCATION GRANT

The Doshier Hospital Volunteer Organization at J. Arthur Doshier Memorial Hospital is sponsoring three (3) \$4,000.00 Education Grants to assist students who are pursuing a career in the health service field. One (1) alternate will be chosen in the event that any of the recipients are disqualified.

Qualified Applicants must be:

1. A member of the graduation class in a Brunswick County High School, having attended the school for at least two years, **or**
A Brunswick County High School Graduate currently enrolled in a health Service program at an accredited college; **or**
A Doshier Memorial Hospital health service employee who has worked at the hospital for two (2) years.
2. Genuinely interested in pursuing a career within a health service field as evidenced by enrollment at an accredited college or technical college.

Grant criteria:

1. The grant will be awarded on the basis of the applicants' aptitude, scholarship, economic need, and/or work performance.
2. The grant will be awarded to the applicant determined to be the most deserving by a committee composed of three (3) Doshier Memorial Hospital Volunteers, the head of nursing at Doshier Memorial Hospital and one (1) doctor on the hospital's staff.

Applications

1. Applications must be received by Nursing Administration at Doshier Memorial Hospital 924 N. Howe St., Southport, N.C. 28461 by **April 30**.
2. Applications must include:
 - a) Application form
 - b) A 250 word (or less) essay on "Why I want to pursue a career in health care.
 - c) Transcript of high school grades and SAT scores **or** a letter of performance from a work supervisor.
 - d) Confidential financial data form.

Grants

1. Grant funds must be used for room & board, tuition and fees, and books and supplies.
2. The grant will be paid to the college of the recipient's choice upon receipt of an invoice from the college.
3. The grant amount paid to the college may be less than \$2,000 per semester if the recipient qualifies for other grants and/or scholarships which reduce the recipient's total cost below \$2,000 for a semester. In that case, the cost of related books and supplies can be reimbursed if receipts are submitted to Doshier Hospital Volunteers, PO Box 11121, Southport, NC 28461.
4. If the recipient fails to pursue studies, the grant will be given to the alternate.

Awards

1. Recipients will be announced in May.
2. A recipient may re-apply annually for the education grant.

**DOSHER MEMORIAL HOSPITAL VOLUNTEERS'
APPLICATION FOR HEALTH SERVICE EDUCATION GRANT**
(Please Type or Print)

Name: _____ School: _____

Grade: _____

Position of Employment: _____ Phone #: _____

Name of Parent or Guardian: _____ Phone #: _____

Address: _____ Zip Code: _____

Number of years enrolled in Brunswick County High School: _____

Post High School of Educational Advancement Plan: _____

North Carolina Colleges you wish to attend:

School _____ Applied? _____ Accepted? _____

School _____ Applied? _____ Accepted? _____

List high school honors, activities and organizations: _____

List community honors, activities, and organizations: _____

Please attach the following:

1. A 250 word or less essay entitled "Why I am Interested in Pursuing a Career in Health Care."
2. Transcript of high school grades and SAT scores or a letter of performance and recommendation from work supervisor.
3. The completed confidential Family Financial Data Form.

THIS FORM MAY BE DUPLICATED

**DOSHER MEMORIAL HOSPITAL VOLUNTEERS'
HEALTH SERVICE EDUCATION GRANT PROGRAM**

CONFIDENTIAL FINANCIAL DATA FORM

(Please Type or Print)

Name: _____ Telephone Number: _____

Address: _____

School: _____ Telephone Number: _____

Parents or Guardians: _____

Address: _____

1. Estimated yearly family gross income: _____

2. Please list any extraordinary family expenses incurred during the past twelve months (such as medical expenses).

3. Please indicate any unusual family financial circumstances.

4. For PARENTS: Explain below why you feel that your son or daughter would benefit by receiving this grant.

NOTE: The above information will be held in the strictest confidence by the members of the Doshier Memorial Hospital Volunteers' Health Service Education Grant Committee

THIS FORM MAY BE DUPLICATED