



HEALTH CAREGIVERS SCHOLARSHIP

Field of Interest Endowments with the Community Foundation of Henderson County

APPLICATION

Date: _____

Established as a memorial to Kathleen Orr Freeman to provide financial support to those with financial need who wish to pursue a degree or training that will allow them to become caregivers of Alzheimer's patients.

Further, understanding the need for skilled nurses and seeing the shortage of trained professionals to fill these positions, Lorina Culpepper established a fund to provide financial assistance to individuals, in Henderson County who wish to advance their career in nursing. Emphasis should be placed on, but not limited to providing financial aid to assist with the educational advancement or training for those currently employed in a nursing career.

Recipients of this scholarship must be accepted to an accredited degree granting college or university.

Please complete the following questions in as much detail as possible.

Name _____

Mailing address _____

City _____ State _____ County _____ Zip Code _____

Telephone number _____ Email address _____

Student ID# _____ Date of Birth _____

Occupation _____ Place of employment _____

Name of your Direct Supervisor _____ Phone () _____ - _____

Mailing address _____

Name and address of the school enrolled in? _____

_____ GPA _____

What is the highest grade completed in school? _____

What are your career goals and what is your plan to reach these goals: _____

What honors, prizes, recognitions, or achievement awards have you received? *Include date of award.*

What offices or positions of leadership have you held in your school, community or place of worship?
Includes dates (month and year) of service.

List all other scholarships, financial aid packages, work-study programs etc. and the anticipated amount for which you have applied. *Asterisk (*) those received.*

How did you hear about the HEALTH CAREGIVERS SCHOLARSHIP? _____

REQUIRED ATTACHMENT:

Attach to this application a one-page narrative of your commitment and dedication to the healthcare profession and in particular, your interest/desire to work with Alzheimer's patients and/or the advancement of your career in nursing.

By signing this application, you affirm that the above information is accurate and true. Permission is given for us to contact any person or institution mentioned on this application for information pertaining to your request.

All funds will be paid directly to a degree granting institution for the benefit of the selected student.

Applicant Signature _____ **Date** _____

Completed Application and attachments should be mailed to:

**Senior Program Officer Lee Henderson-Hill
Community Foundation of Henderson County
PO Box 1108
Hendersonville, NC 28793**