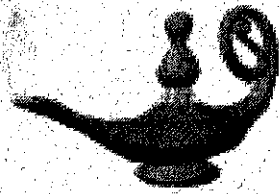




**LENOIR**

UNC HEALTH CARE

**NURSING  
LEADERSHIP**



**Scholarship  
Application**

**2019**

# Scholarship Amount for 2019 - \$1,000.00

## Information Requirements

Two letters of recommendation (teacher, personal)  
Official Copy of High School Transcript  
Senior year student attending public school in Lenoir, Greene or Jones County

## Selection Procedure

Selection is made by Nursing Leadership at UNC Lenoir Health Care. Applicants must be willing to be interviewed by the committee, if necessary. Decisions made by this committee shall be final.

Selection is determined based on the following criteria:

- |    |   |            |
|----|---|------------|
| 1. | Scholastic Achievement                                      | 25 percent |
| 2. | Community/Work Experience                                   | 15 percent |
| 3. | Essay <i>(refer to question #10 &amp; #11 on last page)</i> | 40 percent |
| 4. | References  | 20 percent |

## Deadline

Deadline for submitting completed applications and supporting material is **April 5, 2019**. No late entries accepted. Applications are available from your high school guidance counselor's office.

Students are asked to hand deliver/mail their application and supporting materials to their guidance counselor. Guidance Counselors are asked to sign the application and mail completed package *(including official copy of transcript)* to:

**UNC Lenoir Health Care  
Attention: Ms. Geraldine Taylor  
100 Airport Road  
Kinston, NC 28501**

## Nursing Leadership Scholarship Application– 2019

Place an X in the box beside the school you are currently attending:

- North Lenoir High School, La Grange, NC
- South Lenoir High School, Deep Run, NC
- Kinston High School, Kinston, NC

- Greene Central High School, Snow Hill, NC
- Jones Senior High School, Trenton, NC

1. Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

2. Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State Zip (Area Code)

3. Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

4. Have you been accepted by a nursing program/university/college? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of program/university/college \_\_\_\_\_

5. Your class rank \_\_\_\_\_ Your grade point average \_\_\_\_\_

6. List you first semester courses and final grades as well as your second semester courses and your mid-semester grades:

NAME OF COURSES – Semester 1	FINAL GRADE	NAME OF COURSES – Semester 2	Mid-semester GRADE

7. EMPLOYMENT EXPERIENCE:

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8. LIST ANY COMMUNITY ACTIVITIES:

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