



# **NURSING LEADERSHIP**



## **Scholarship Application**

# **2020**

# Scholarship Amount for 2020 - \$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 10, 2020**. 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– 2020

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

- |  |  |
|--|--|
| <input type="checkbox"/> North Lenoir High School, La Grange, NC<br><input type="checkbox"/> South Lenoir High School, Deep Run, NC<br><input type="checkbox"/> Kinston High School, Kinston, NC | <input type="checkbox"/> Greene Central High School, Snow Hill, NC<br><input type="checkbox"/> 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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