



**AUXILIARY SCHOLARSHIP  
APPLICATION PACKET**

Awarded by the Lake Norman Regional Medical Center Auxiliary

This application packet contains information about the purpose of the Lake Norman Regional Medical Center Auxiliary Scholarships, a listing of rules and regulations governing the awarding of the scholarships, and application procedures and forms.

*All application materials must be submitted by **April 20, 2018***

*Please note that*

**INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE  
CONSIDERED.**

Questions concerning the application process should be addressed to Sheryl Barney, Scholarship Chairperson, at [mlsgrandma@aol.com](mailto:mlsgrandma@aol.com).

Lake Norman Regional Medical Center  
171 Fairview Road  
 Mooresville, North Carolina 28117

**Purpose and scope:** The purpose of the scholarships is to support study leading to careers in health-related professions for those who demonstrate **financial need and outstanding academic achievement.**

**Eligibility:** The applicant must reside in the area served by the *Lake Norman Regional Medical Center*. The applicant must, at the time of application, be a senior in high school and must provide documentation of acceptance into a full-time program leading to a medical field at an accredited learning institution.

**Application Materials.** Forms and guidelines are available from the Volunteer Desk at the Lake Norman Regional Medical Center, in Guidance Counseling offices in area high schools, and by e-mail. Address e-mail application requests to [mlsgrandma@aol.com](mailto:mlsgrandma@aol.com) (Sheryl Barney).

**Deadlines.**

- Completed applications must be submitted on or before **April 20, 2018.**
- Incomplete and/or late applications will not be considered.***
- After reviewing the information provided in the application process, the Scholarship Committee will select no more than 10 applicants to be invited to the hospital for an interview not to exceed 30 minutes. These interviews will be conducted in mid or late April.
- Awards will be announced and winners notified in **May**. Checks will be issued directly to the educational institution as their schedules require.

Scholarships are awarded without regard to race, country of origin, ethnic background, sex, sexual preference, or religious belief or affiliation. Physical disability will be considered relevant only inasmuch as it clearly impacts in a dramatic way the potential career success of the applicant.

## LAKE NORMAN REGIONAL MEDICAL CENTER AUXILIARY

### Scholarship Application

#### Instructions

Complete the attached application form and return it, along with other requested items, **by April 20, 2018** to:

LNRMC Auxiliary  
Scholarship Committee  
Lake Norman Regional Medical Center  
PO Box 3250  
Mooresville, NC 28117

(Application may be dropped off in the gift shop or visitor's desk located at the hospital.)

The complete application will include:

1. Completed attached application form.
2. Documentation of acceptance into a medical care program within an accredited institution with a major appropriate to career plans.
3. Recent photograph (head and shoulders) in a sealed envelope, to be used only for press releases.
4. A 400-500 word statement explaining why you have chosen to pursue a medical-related career and your career goals. Typed statements are preferred.
5. An itemization of anticipated expenses (including tuition and fees, books and supplies, room and board, transportation) for your first year of study; known sources of financial support (including savings and anticipated jobs); and scholarships/grants anticipated or applied for but not yet awarded. (Please be as accurate as possible; please attach estimated printouts from chosen college.)
6. A statement of financial support anticipated from parents or other personal sources.  
**Important notice: this statement may be authored by the parent/other personal source(s) of financial support or by the applicant, but in either case must be signed by both/all.**
7. A statement of the adjusted gross income of the applicant, parents, and/or guardians as reflected in the federal tax form, 2015. **These income statements must be verified by**

**submitting tax returns for scholarship finalists only. Do not send copies of official tax materials unless specifically requested to do so.**

8. Give a written description, that may include any the following, of the financial impact on your educational. May be incorporated into the statement described in #6.
  - a. extraordinary, recent medical expenses
  - b. extraordinary, recent financial losses
  - c. recent unemployment of financial providers
  
9. Two personal reference forms, one completed by a teacher, the other by an adult with whom you have/had a personal or professional relationship. Neither referee may be a relative. References are to be placed in an envelope by the referee with her/his signature across the sealed flap. **Include sealed references with your application; they should not be sent separately.**
  
10. An **official transcript with an official seal** from the last high school you attended. This should be enclosed within your application in a sealed envelope from the institution.

All items will be kept confidential. Please be as accurate as possible and be prepared to offer proof if requested.

**Application Form—2018**

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Names and ages of other siblings in household:

Name and ages of your children if applicable:

Will any of the above-listed siblings be attending a college or other advanced institution next year? Who? Where?

Number of other individuals who live in the household, for whom your parents/guardians provide more than half their support, and anticipate continuing to do so:

High school attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

List jobs held in the past 5 years:

List volunteer work other than Junior Volunteer at LNRMC done in the past 5 years:

List primary extracurricular activities:

The educational institution to which you have been admitted is

\_\_\_\_\_. Your major fields of study will  
be\_\_\_\_\_.

Have you ever been a Junior Volunteer at the Lake Norman Regional Medical Center? \_\_\_\_\_

What year(s)? \_\_\_\_\_ What was/were your assignment(s)?

\_\_\_\_\_

Who was (were) your supervisor(s)? \_\_\_\_\_

I certify that all information included in this application is accurate to the best of my knowledge.

I understand that under the provisions of the Family Educational Rights and Privacy Act of 1974 I may decide whether letters of reference written at my request are held confidential or are available for my personal inspection.

I grant permission for letters of reference to be held confidential by the LNRMC Auxiliary.

I retain the choice of having letters of reference made available to me after they have been submitted to the LNRMC Auxiliary.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Lake Norman Regional Medical Center Auxiliary Scholarships  
Personal Reference Form**

Name of Applicant \_\_\_\_\_

Name of Reference \_\_\_\_\_

Relationship of Referee to Applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In the space below please discuss the applicant in relationship to the following issues: academic performance, academic promise, special abilities, motivation, and dependability. Make additional comments that are not otherwise addressed that you feel are important. Use the back of this sheet as needed.



Lake Norman Regional Medical Center Auxiliary Scholarships  
Teacher Reference Form

In comparison with other students in the same class/of similar age, I rate this person's potential for a successful career in her/his chosen health related career (circle one) superior, very good, good, average, below average.

(Circle one) I strongly recommend, recommend, recommend with reservations, do not recommend this student.

May we contact you by phone if we need clarification or elaboration?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Reference's Signature Date

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to call \_\_\_\_\_

Please return this reference form to the applicant in a sealed envelope, with your signature written across the seal. **The applicant's deadline for submitting all requested materials, including this reference, is April 21, 2017**

Thank you for your assistance,

The Scholarship Committee  
The Lake Norman Regional Medical Center Auxiliary

SCHOLARSHIP FORM AUXILIARY OF LAKE NORMAN REGIONAL MEDICAL CENTER

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ College E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

College to attend: \_\_\_\_\_

Address of college: \_\_\_\_\_

\_\_\_\_\_

Attention to: \_\_\_\_\_

Please return completed form, tax return and photo release document to:

Mrs. Sheryl Barney  
108 E. Decatur Drive  
 Mooresville, North Carolina 28117  
E-Mail: [mlsgrandma@aol.com](mailto:mlsgrandma@aol.com)  
(704) 662-6824