Granville Health System Foundation  
Sam Perry Memorial Scholarship 2016

This scholarship will be awarded by Granville Health System Foundation to an individual who has been accepted into an allied health program at an accredited school and who intends to pursue a career in the health care field. A monetary award of one thousand dollars ($1,000.00) will be presented to the recipient following documented acceptance and enrollment into the chosen health care program, along with a copy of the school’s tuition schedule.

Criteria for this scholarship are as follows:
1. Applicant must be a Granville County resident.
2. The scholarship application package must include the following:
   A. Completed scholarship application
   B. Current copy of official high school or college transcript, with a GPA
   C. Copy of test scores (SAT, ACT, etc.)
   D. Recommendations: Three (3) written letters of recommendation are required. Each letter must be signed and be in a separate sealed envelope, with the recommender’s original signature handwritten across the outside flap of the sealed envelope. The names and addresses of the three individuals from whom you have requested a letter of recommendation must be listed on the application. Recommendations should document the applicant’s scholarship and leadership abilities, interpersonal skills, integrity and potential in the health profession. Acceptable recommendations can be made by:
      - A professor, instructor, and/or principal
      - An employer
      - Any other source other than a relative
3. Proof of acceptance into an accredited, two (2) or four (4) year allied health program. (Will be required only if applicant is the scholarship recipient - see list of acceptable programs Addendum A.)

Personal Essay: Applicants must submit a typewritten, two (2) page essay that includes the following information, and attach it to the application:
- Why you have chosen to pursue a health-related career
- Your career goal. Be specific.
- Financial need. What the scholarship will enable you to do and why the scholarship is important to you.

All applications are to be submitted by the applicant and mailed directly to:

Granville Health System Foundation  
Attn: Erin Cashwell, Community Relations Department  
1010 College Street  
P.O. Box 947  
Oxford, NC 27565
Completed application packages must be received by 4 p.m. on April 29, 2016 for consideration. Letters of recommendation may be enclosed with your application, or sent directly to the address shown; all letters must be received by April 29, 2016 to be eligible.

Any applicant who fails to submit all required documents by the deadline will be deemed ineligible and will not be considered for funding under this announcement. Application packages deemed incomplete (i.e., missing, inconsistent, or incomplete supporting documents) will not be considered for funding. The Granville Health System Foundation will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.

The Granville Health System Foundation Board of Directors will make the final decision on the scholarship award and the individual selected for the award will be notified by mail and phone by May 27, 2016. To accept the award, the selectee must respond by June 13, 2016. If the selectee does not respond by that deadline, the offer of award expires and the award will be offered to an alternate. Individuals not selected for the scholarship award will be notified via mail by June 29, 2016.

By July 29, 2016 the scholarship recipient will be required to submit to the Granville Health System Foundation verification of acceptance and enrollment in the allied health program, and a copy of the school’s tuition schedule, in order to ensure payment of the scholarship.
Granville Health System Foundation
Sam Perry Memorial Scholarship 2016 Application Form

Name ____________________________________________
First                                      Middle                                     Last

Home Address _______________________________________
Street                               City                      State               Zip Code

Mailing Address ____________________________________________
Street or PO Box                              City                      State               Zip Code

Granville County resident?     Yes_____     No_____     

Home Phone Number ________________       Cell # _____________

E-mail: ____________________________________________________________

Date of Birth __________________________________________________________________________
Month                                   Day                          Year

Occupation and Employer______________________________

Spouse ________________________________________________
Name                                      Address

          Occupation and Employer______________________________

Father ________________________________________________
Name                                      Address

          Occupation and Employer______________________________

Mother ________________________________________________
Name                                      Address

          Occupation and Employer______________________________

Annual household income $__________________________

Do you have any responsibilities that might interfere with your training? (If so, please describe.)
_________________________________________________________________________________________
Please list any friends or relatives currently working on the Granville Health System Foundation Board of Directors, or any of its committees.

________________________________________________________________________

Career Goal (Be specific as to health care area – nurse, physical therapist, radiological technology, physician assistant, and related fields – see Addendum A): ________________

________________________________________________________________________

Specify the program you intend to pursue: _____________________________________

________________________________________________________________________

Overall GPA (must be converted to a 4.0 scale): ________________________________

Please list below any schools or colleges attended:

<table>
<thead>
<tr>
<th>School</th>
<th>Name</th>
<th>Address</th>
<th>Dates</th>
<th>Type of Diploma or Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>College</td>
<td></td>
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<tr>
<td>Vocational</td>
<td></td>
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</tr>
<tr>
<td>Graduate School</td>
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<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Please list any previous employment:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please list (or attach list of) organizations you belong to, including school, business, and/or civic organizations; any titles you hold/held in the organizations; and any awards and/or recognition received (example: National Honor Society, Rotary, United Way Board). Please list in descending order of significance:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please list (or attach list of) any community service activities you have been involved in, including any titles you hold/held, and any awards and/or recognition received (example: medical center volunteer, food bank, adopt-a-highway). Do not repeat items listed previously. Please list in descending order of significance:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List the names and addresses of the three individuals from whom you have requested letters of recommendation, and their relationship to you (relatives may not be used for recommendations):

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________

Have you applied to an accredited school or college?  ___ Yes  ___ No

Name of school_______________________________________________________

Has your application been accepted?  ___ Yes  ___ No
Please list other scholarships received, and the amount of each:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________  

Personal Essay: Please submit a typewritten, two (2) page essay that includes the following information, and attach it to the application:

- Why you have chosen to pursue a health-related career
- Your career goal. Be specific.
- Financial need. What the scholarship will enable you to do and why the scholarship is important to you.

I certify that every response is correct. I have read the contract (see contract on pages 10-11) between the Granville Health System Foundation and the successful applicant and, if selected, agree to abide by the terms and provisions thereof.

_____________________________________________________________________

Signature ___________________________ Date ____________

**************************************************************************

Please ensure you have completed or attached the following:

☐ Current copy of official high school or college transcript, with a GPA
☐ Copy of test scores (SAT, ACT, etc.)
☐ List of school, business, and/or civic organizations you belong to (list and description)
☐ List of community service activities (list and description)
☐ 3 Letters of recommendation (note – each letter must be signed and be in a separate sealed envelope, with the recommender’s original signature handwritten across the outside flap of the sealed envelope – letters may be mailed separate from application)
☐ Personal Essay
Granville Health System Foundation
Sam Perry Memorial Scholarship 2016 Rating Sheet

1. Transcript: 20 points maximum
   • GPA:
     ➢ 4.0 10 points _________
     ➢ 3.0 5 points _________
     ➢ 2.0 2 points _________
   • Courses taken (Emphasis on challenging courses, APA, health science and science) 5 points _________
   • Other (test scores, SAT, ACT, etc.) 5 points _________

2. Leadership Activities and Recognition: 35 points maximum
   Evaluate the quantity and quality of activities; school, business, or civic organizations; and other activities that require leadership skills.
   • School, business, or civic organizations 5 points _________
   • Quality of leadership activities, clear evidence of leadership, responsibility and commitment 10 points _________
   • Number and variety of leadership activities 5 points _________
   • Recognition and awards 10 points _________
   • Certifications 5 points _________

3. Community Involvement: 15 points maximum
   Quality, quantity, duration and impact of community service activities 15 points _________

4. References: 9 points maximum
   Each reference rated as follows: 9 points _________
   • Outstanding reference with specific examples (3 pts.)
   • Outstanding, but general (2 pts.)
   • Good (1 pt.)

5. Essay: 21 points maximum 21 points _________

6. Financial Need: 5 points maximum 5 points _________

   TOTAL POINTS (out of 105) _________

Comments: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Addendum A
Acceptable Allied Health Science Programs of Study
Accredited, 2 and 4 Year Programs

Clinical Laboratory Sciences
Physical Therapy
Occupational Therapy
Radiological Science
Pharmacy
RN, BSN, ADN, LPN
Dentistry and Related Careers
Mid Level - Physician Assistant/Nurse Practitioner
## Timelines for Sam Perry Memorial Scholarship 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2016</td>
<td>Update lists of schools/colleges</td>
<td>GHS Community Relations Department</td>
</tr>
<tr>
<td>February 1, 2016</td>
<td>Announce scholarship • Letters to Granville County high school counselors • Letters to financial aid offices and instructors at area post secondary schools. • GHS website • Media release • GHS Intranet • Meditech • Follow up phone calls to schools • Email blast announcements • Facebook announcements</td>
<td>GHS Foundation President GHS Community Relations Department</td>
</tr>
<tr>
<td>February 1, 2016</td>
<td>Start accepting applications</td>
<td>GHS Community Relations Department</td>
</tr>
<tr>
<td>March 7, 2016</td>
<td>Media release re application deadline</td>
<td>GHS Community Relations Department</td>
</tr>
<tr>
<td>April 25, 2016</td>
<td>Appoint scholarship sub-committee to review applications</td>
<td>GHS Foundation President</td>
</tr>
<tr>
<td>April 29, 2016 at 4:00 p.m. ET</td>
<td>Deadline for submission of applications and letters of recommendation</td>
<td>Scholarship Applicants GHS Community Relations Department</td>
</tr>
<tr>
<td>May 2016</td>
<td>Review all applications, select and interview scholarship recipient</td>
<td>Foundation Scholarship sub-committee</td>
</tr>
<tr>
<td>May 23, 2016</td>
<td>Recommend scholarship recipient to GHS Board of Trustees</td>
<td>GHS Foundation President</td>
</tr>
<tr>
<td>May 27, 2016</td>
<td>Notify scholarship recipient of award by letter and phone</td>
<td>GHS Foundation President</td>
</tr>
<tr>
<td>June 13, 2016</td>
<td>Accept award and submit signed scholarship contract</td>
<td>Scholarship Recipient</td>
</tr>
<tr>
<td>June 17, 2016</td>
<td>Notify applicant of selection as alternate for award (if applicable)</td>
<td>GHS Foundation President</td>
</tr>
<tr>
<td>June 27, 2016</td>
<td>Alternate accepts award and submits signed scholarship contract (if applicable)</td>
<td>Scholarship Alternate</td>
</tr>
<tr>
<td>June 29, 2016</td>
<td>Notify applicants of non-selection for scholarship award</td>
<td>GHS Foundation President</td>
</tr>
<tr>
<td>July 29, 2016</td>
<td>Verification of scholarship recipient’s acceptance and enrollment in the allied health program, with copy of school’s tuition schedule/fees</td>
<td>Scholarship Recipient GHS Community Relations Department</td>
</tr>
<tr>
<td>August 15, 2016</td>
<td>Announcement of scholarship winner • GHS website • Media release</td>
<td>GHS Community Relations Department</td>
</tr>
<tr>
<td>August 15, 2016</td>
<td>Payment of scholarship award to school</td>
<td>GHS Community Relations Department</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Certification regarding debarment, suspension, disqualification, and related matters</td>
<td>Scholarship Recipient</td>
</tr>
</tbody>
</table>
THIS CONTRACT, made and entered into this the ___ day of __________, 2016, by and between the GRANVILLE HEALTH SYSTEM FOUNDATION, of Granville County, North Carolina (hereinafter referred to as "Foundation"), and ______________ of Granville County, (hereinafter referred to as "Recipient").

WITNESSETH:

THAT WHEREAS, the Foundation has established the Sam Perry Scholarship Fund for the purpose of encouraging residents of Granville County to enter the allied health profession; and,

WHEREAS, the Recipient has been accepted as a full-time student in an allied health program at an accredited school and has applied to the Foundation for assistance from its scholarship fund.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, the parties do agree as follows:

1. That upon Recipient's furnishing written proof, satisfactory to the Foundation's representative, that Recipient has enrolled and continues to be enrolled as a full-time student in an allied health program at an accredited school, the Foundation agrees to pay the sum of one thousand dollars ($1,000.00) toward the Recipient's tuition. Payment will be made directly to the school no later than one month before the start of the first semester, unless the Recipient provides written documentation that the Recipient has already made payment in full to the school for the semester. If the Recipient has made payment in full to the school, the scholarship payment will be made payable to the Recipient, and picked up at the Administrator's office by the Recipient.

2. If any of the following events shall occur, then the Recipient shall repay all sums advanced hereunder by the Foundation within thirty (30) days from the
occurrence of the event, plus interest to be calculated at the current prime rate plus 1.5%.

(a) Recipient's enrollment as a full-time student in an allied health program at an accredited school is discontinued for any reason prior to graduation.

(b) Recipient fails for any reason to become a certified allied health professional within the time usually and customarily required for completion of studies and passage of the certification examination.

3. In the event Recipient shall fail to make repayment as provided for in paragraph two hereof, the undersigned parent(s) or guardian(s) or spouse of the Recipient do hereby jointly and severally guarantee payment to the Foundation, as herein provided.

IN TESTIMONY WHEREOF, the parties hereto have executed this CONTRACT in duplicate originals, one of which is retained by each of the parties the day and year first above written.

GRANVILLE HEALTH SYSTEM FOUNDATION

By: ______________________________________________
President and Chairman of the Board

Date: ____________________________________________

___________________________________________
Student

___________________________________________
Student’s Parent, Guardian, or Spouse

___________________________________________
Student’s Parent, Guardian, or Spouse