



Viewmont Surgery Center

Scholarship Program 2021

Purpose:

To provide a scholarship to assist our local high school seniors or current college students interested in continuing their education. One, Two Thousand (\$2000) scholarship award is available.

Eligibility Criteria:

- Accepted into an accredited college or university.
- Actively enrolled and in good standings with area high school or college.
- Must be a Catawba County resident or surrounding county.
- Maintain minimum 3.0 GPA on a 4-point scale.

Selection Criteria:

- Fully complete application
- Submit most recent proof of GPA.
- Submit acceptance letter or copy of enrollment identification to an accredited college or university.
- Completed Scholarship Application Form
- Two letters of recommendation (one from a current teacher or supervisor)
- One- (1-2 page) essay, with a cover page (name, address, date and essay topic) single spaced to include:
 - Personal insights, aspirations, career goals, achievements
 - Describe the importance that scholarship assistance would have for you in meeting these goals.
 - Information you believe to be pertinent to the essay's importance.

Deadline: *Applications should be submitted by the dates indicated below to:*

*Viewmont Surgery Center Scholarship
Attention: Kathy Kelly, Administrator
50 13th Ave NE, Suite 1
Hickory, NC 28601
or
Email: Kathy Kelly
Kathy.kelly@healthcrest.com*

Applications are due and must be post marked by June 30, 2021. Scholarship recipient will be notified via phone and will be published in the local paper and on our Facebook page by July 31, 2021.

Applicants will be evaluated by the Scholarship Committee and they will determine who will be awarded the scholarship. There is one (1) scholarship available yearly for \$2000. Applicants must reapply each year for a scholarship.

******The student DOES NOT have to be enrolled in a medical based program******



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Scholarship Application

All items must be completed, or your application will be considered incomplete and ineligible for consideration

PERSONAL INFORMATION (please print).

Name: _____
First Middle Initial Last

Home Address: _____
No. Street City State Zip Code

Telephone/Email: (_____) _____
Area Code email address

High School: _____

College/University: _____

Area of Study or interest: _____

Currently enrolled as: Full time student Part time student Other _____

Age _____ Expected date of graduation: _____

If selected as the recipient, I give permission for Viewmont Surgery Center to publish photographs and an article with details of the award.

Have you been accepted or currently enrolled in college or a university? Yes No

Name of School: _____

Address: _____

Telephone Number of Registrar's office: _____
Area Code Number



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Letters of Recommendation

Please complete information and attach letters on a separate piece of paper with application.

1. _____
 Name Title

Address

Email Phone Number

2. _____
 Name Title

Address

Email Phone Number

An application form only tells part of the story. Here is your chance to tell us about yourself. Include some mention of your achievements, volunteer/mission work, professional goals, and your interests outside of school. Please limit your essay to one (1) to two (2) pages, single spaced, on a separate sheet of paper.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is a true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration if discovered at a later date. I hereby authorize person, school, and my current employer to provide any relevant information regarding a decision.

Applicant Signature: _____ Date: _____

******Required signature for students less than 18 years of age:**

****Parent or Legal Guardian Signature: _____ Date: _____

Email Phone Number

Relationship: Father Mother Other Explain if "Other" _____

FOR VSC USE:

Date Received	Application complete	Award Scholarship	Notify