



## Viewmont Surgery Center Scholarship Program 2023

### 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 13<sup>th</sup> 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 2, 2023. The Scholarship recipient will be notified via phone and will be published on our Facebook page by June 30, 2023.***

***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\*\*\****



**Viewmont Surgery Center**  
**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: \_\_\_\_\_  
*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.

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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*



## Viewmont Surgery Center 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