



## 2024 COLLEGE SCHOLARSHIP APPLICATION

**NEW Community Health Foundation's mission is  
CONNECTING OUR COMMUNITY WITH RESOURCES DURING HEALTH CARE CHALLENGES  
THROUGH PHILANTHROPIC INNOVATIONS.**

NEW Community Health Foundation's monies are paid directly to the institution for which the student is enrolled. Such monies will be deposited into the student's account at the institution and may be used for tuition, books, supplies and student fees.

**NEW Community Health Foundation Scholarship** have the following guidelines to be considered:

- **Must be a Campbell County resident or graduated from a high school in the Campbell County School District**
- **3.5 cumulative GPA or higher**
- **Healthcare emphasis in course work and desired college major**
- **Application deadline May 31, 2024**

The following documentation must accompany the application to be considered:

- **A transcript of grades.**
- **Resume**
- **A 2 minute video including career goals, why you chose to enter the healthcare field and what you hope to accomplish. Please include any other things about yourself that may be of interest to the selection committee, such as jobs, internships, or additional experience you have had.**

NOTE: Funds are limited to a maximum up to \$1250 per semester. Granting of scholarships is at the discretion of the committee and subject to the availability of funds.

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### PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ SS# \_\_\_\_\_

Level of current education \_\_\_\_\_

Name and address of school or college you plan to attend.

\_\_\_\_\_  
\_\_\_\_\_

What is your expected year in college during next academic year?

\_\_\_ 1st-freshman \_\_\_ 2nd-sophomore \_\_\_ 3rd-junior \_\_\_ 4th-senior \_\_\_ graduate

Expected college degree or certificate \_\_\_\_\_

Expected date of completion of college degree or certificate Month \_\_\_\_\_ Year \_\_\_\_\_

**EXPENSES**

Submit the **approximate** cost of one calendar year of expenses (tuition and books) including as much detail as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total funds requested: \_\_\_\_\_

Student's last year income \_\_\_\_\_ Student's present savings and assets \_\_\_\_\_

List any other sources of income (child support, parental, spouse, etc.)

\_\_\_\_\_

Please list any financial aide (sources & amounts) you are currently receiving or are currently eligible to receive (grants, scholarships, GI Benefits, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received NEW Community Health Foundation monies in the past? \_\_\_\_\_

If so, dates & amounts: \_\_\_\_\_

Upon application for this scholarship, I understand that my name may be published in advertising or promotional materials as a scholarship recipient.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date