TO: All Brunswick County High School Principals and Guidance Counselors  
Counselors at Brunswick Community College  
All Employees at Dosher Memorial Hospital

FROM: Dosher Hospital Volunteers  
Health Service Education Grant Committee

SUBJECT: Dosher Hospital Volunteers Health Service Scholarship

DATE: January 27, 2021

This year the Dosher Hospital Volunteer Organization will be offering three (3) $4,000.00 scholarships to candidates from within the community. We have expanded the requirements to include those interested in any accredited health profession rather than only nursing. **Please copy the enclosed applications and distribute appropriately.** They must be received by J.A. Dosher Memorial Hospital, Attn: Nursing Administration, 924 N. Howe Street, Southport, NC  28461 **by April 30, 2021.**

Cc: Dr. Jerry L. Oates, Superintendent  
Brunswick County Schools
DOSHER HOSPITAL VOLUNTEERS
HEALTH SCIENCES EDUCATION GRANT

The Dosher Hospital Volunteer Organization at J. Arthur Dosher Memorial Hospital is sponsoring three (3) $4,000.00 Education Grants to assist students who are pursuing a career in the health service field. One (1) alternate will be chosen in the event that any of the recipients are disqualified.

Qualified Applicants must be:

1. A member of the graduation class in a Brunswick County High School, having attended the school for at least two years, or
   A Brunswick County High School Graduate currently enrolled in a health Service program at an accredited college; or
   A Dosher Memorial Hospital health service employee who has worked at the hospital for two (2) years.
2. Genuinely interested in pursuing a career within a health service field as evidenced by enrollment at an accredited college or technical college.

Grant criteria:

1. The grant will be awarded on the basis of the applicants’ aptitude, scholarship, economic need, and/or work performance.
2. The grant will be awarded to the applicant determined to be the most deserving by a committee composed of three (3) Dosher Memorial Hospital Volunteers, the head of nursing at Dosher Memorial Hospital and one (1) doctor on the hospital’s staff.

Applications

1. Applications must be received by Nursing Administration at Dosher Memorial Hospital 924 N. Howe St., Southport, N.C. 28461 by April 30, 2021.
2. Applications must include:
   a) Application form
   b) A 250 word (or less) essay on “Why I want to pursue a career in health care.
   c) Transcript of high school grades and SAT scores or a letter of performance from a work supervisor.
   d) Confidential financial data form.

Grants

1. Grant funds must be used for room & board, tuition and fees, and books and supplies.
2. The grant will be paid to the college of the recipient’s choice upon receipt of an invoice from the college.
3. The grant amount paid to the college may be less than $2,000 per semester if the recipient qualifies for other grants and/or scholarships which reduce the recipient’s total cost below $2,000 for a semester. In that case, the cost of related books and supplies can be reimbursed if receipts are submitted to Dosher Hospital Volunteers, PO Box 11121, Southport, NC 28461.
4. If the recipient fails to pursue studies, the grant will be given to the alternate.

Awards

1. Recipients will be announced in May.
2. A recipient may re-apply annually for the education grant.
DOSHER MEMORIAL HOSPITAL VOLUNTEERS’
APPLICATION FOR HEALTH SERVICE EDUCATION GRANT
(Please Type or Print)

Name: _____________________________________  School: __________________________
Grade: ____________
Position of Employment:___________________________  Phone #:____________________
Name of Parent or Guardian:_______________________  Phone #:____________________
Address: ________________________________________  Zip Code:_______________
Number of years enrolled in Brunswick County High School: ________________________
Post High School of Educational Advancement Plan: ________________________________
_____________________________________________________________________________
_____________________________________________________________________________
North Carolina Colleges you wish to attend:
   School ____________________________ Applied? _____ Accepted? _____
   School ____________________________ Applied? _____ Accepted? _____
List high school honors, activities and organizations: ________________________________
_____________________________________________________________________________
List community honors, activities, and organizations: _______________________________
_____________________________________________________________________________

Please attach the following:

1. A 250 word or less essay entitled “Why I am Interested in Pursuing a Career in Health Care.”

2. Transcript of high school grades and SAT scores or a letter of performance and recommendation from work supervisor.

3. The completed confidential Family Financial Data Form.

   THIS FORM MAY BE DUPLICATED
DOSHER MEMORIAL HOSPITAL VOLUNTEERS’
HEALTH SERVICE EDUCATION GRANT PROGRAM

CONFIDENTIAL FINANCIAL DATA FORM

(Please Type or Print)

Name: __________________________________ Telephone Number: __________

Address: ______________________________________________________________

School: ____________________________ Telephone Number: __________

Parents or Guardians: ______________________________________________________

Address: __________________________________________________________________

1. Estimated yearly family gross income: ______________________________________

2. Please list any extraordinary family expenses incurred during the past twelve months
(such as medical expenses).

________________________________________

________________________________________

________________________________________

3. Please indicate any unusual family financial circumstances.

________________________________________

________________________________________

________________________________________

4. For PARENTS: Explain below why you feel that your son or daughter would benefit
by receiving this grant.

________________________________________

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NOTE: The above information will be held in the strictest confidence by the members of the Dosher
Memorial Hospital Volunteers’ Health Service Education Grant Committee

THIS FORM MAY BE DUPLICATED