

John A. Campbell, Jr. Memorial Scholarship

Eligibility- High school senior who is currently enrolled in or has completed Health Sciences I and Health Sciences II. Applicants must plan to pursue a career in the medical field and be accepted into either a 2-year or 4-year program at any post-secondary institution. Students must demonstrate a financial need in order to be considered. The scholarship amount is \$1,000.

Applicant's Name: _____
Parents/Guardian Names: _____
Mailing Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____ DOB: _____
Gender: _____ E-mail: _____
High School: _____ Graduation Date: _____
College/University you plan to attend: _____
Major Course of Study: _____

Financial Information

Mother/Stepmother/Guardian Name and Occupation: _____
Father/Stepfather/Guardian Name and Occupation: _____
Name and Age of Brothers, Sisters, Dependants in school (K-12) and/or attending college: _____

Will you be the first person in your family to attend college? _____
Please include on a separate sheet showing special considerations concerning your financial need. Please include a brief summary on why you choose a career in the health care field.

*I certify that the information provided above is complete and accurate:

Applicants Signature: _____ Date _____

Parent Guardian (if applicant is under 18 years old) _____ Date _____

Submit to Guidance Office with:

1. Transcript
2. Description of financial need (see above instructions)
3. A copy of your acceptance letter to the 2 or 4 year college you will attend

This Application is due on or before May 1, 2017

Rick Parker, Executive Director
Rowan Medical Center Foundation
130 Mocksville Ave.
Salisbury, NC 28144

rdparker@novanthealth.org