

# Charlotte Knights Healthcare Scholarship Program

Presented by:



## Carolinus HealthCare System

The Charlotte Knights and Carolinus HealthCare System are dedicated to providing educational opportunities to the youth in our communities. In an effort to improve educational funding for high school students who are interested in pursuing a career in healthcare, the Knights and Carolinus HealthCare System have committed to providing three (3) \$1,000 college scholarships to local high school seniors.

### ELIGIBILITY

- High school senior enrolled in one of the following North or South Carolina counties: Cabarrus, Catawba, Chester, Cleveland, Gaston, Iredell, Lancaster, Lincoln, Mecklenburg, Rowan, Union, or York County.
- Must be attending an accredited institution of higher education in the fall of 2014.
- Cumulative un-weighted grade point average of at least 3.3 on a 4.0 scale.
- Minimum of a 1800 SAT score (based on 2400 scale) or 1200 SAT score (based on 1600 scale) or 26 ACT score.
- Member of *at least one* sports team at your high school or related extracurricular activity.
- Heavy involvement in the community or multiple hours of volunteer experience.
- Must declare a major within the Healthcare Field or have demonstrated an interest in pursuing a career in a Healthcare Field.

### APPLICATION PROCESS

- Complete application includes the following items:
  - **Application Form**  
*(Note: Applicants must fill out all sections completely for consideration. Please submit application questions to the email or physical address below.)*
  - **Transcript**  
*(Note: Transcripts are to be sent directly to The Charlotte Knights by your current/most recent academic institution, or if sent by the applicant, must be sent in a sealed envelope and stamped or signed by school official across the seal.)*
  - **Proof of Acceptance**  
*(Note: Applicants must provide acceptance to an accredited institution of higher education.)*
  - **One Letter of Recommendation**  
*(Note: Applicants must have faculty member, academic advisor, or a community leader who can attest to the applicant's capabilities. Recommendation letter may be submitted directly to The Charlotte Knights or, if submitted by the applicant, may be in a sealed envelope and signed by the writer's signature across the seal.)*

Complete application must be submitted by the **May 1, 2015** deadline to The Charlotte Knights by one of the following methods to be considered:

- Email To: [scholarships@charlotteknights.com](mailto:scholarships@charlotteknights.com)
- Mail To: Charlotte Knights • Annual Scholarship • 324 South Mint St. • Charlotte, NC 28202



## **ESSAYS**

*Please limit your answers to each question to approximately 250 words.*

**Question #1:** Describe why you are pursuing an academic and career path in the Healthcare Field.

**Question #2:** Describe the importance of the Healthcare Field in today's society.

**Question #3:** Why do you deserve to be the recipient of this scholarship?

## GUIDANCE COUNSELOR'S REPORT

\_\_\_\_\_ has applied for the 2015 Charlotte Knights Healthcare Scholarship Program presented by Carolinas HealthCare System. In that regard, please provide in the space below a brief synopsis of the applicant's character, giving special consideration to his/her intelligence, ability to deal with others, ambition and chances of success in college and life in general. Also, please add any community/volunteer organizations you are aware of this applicant's involvement in and to what extent they are involved in each organization. Any information provided will be considered confidential and used by the members of the Scholarship Committee in reviewing the candidate's application.

Please enclose the following:

Official Transcript

Copy of SAT or ACT

(If not taken, please specify when) \_\_\_\_\_

Grade point average \_\_\_\_\_

Class Rank \_\_\_\_\_

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Location of School

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Guidance Counselor

\_\_\_\_\_  
Signature of Guidance Counselor

\_\_\_\_\_  
Date

## TEACHER REPORT

\_\_\_\_\_ has applied for the 2015 Charlotte Knights Healthcare Scholarship Program presented by Carolinas HealthCare System. In that regard, please provide in the space below or on an additional page a brief synopsis of the applicant's character, intelligence, ambition, etc. List reasons why special consideration should be given to his/her chance of success in college and life in general. Also, please add any community/volunteer organizations you are aware of this applicant's involvement in and to what extent they are involved in each organization. Any information provided will be kept confidential by the Scholarship Committee and used only in its selection procedure.

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Location of School

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Teacher's Name (print)

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

## PERSONAL REFERENCE REPORT

\_\_\_\_\_ has applied for the 2014 Charlotte Knights Healthcare Scholarship Program presented by Carolinas HealthCare System. In that regard, please provide in the space below or on an additional page a brief synopsis of the applicant's character, intelligence, ambition, etc. List reasons why special consideration should be given to his/her chance of success in college and life in general. Also, please add any community/volunteer organizations you are aware of this applicant's involvement in and to what extent they are involved in each organization. Any information provided will be kept confidential by the Scholarship Committee and used only in its selection procedure.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Relationship to Student