

**Mecklenburg Scholarship Association**  
**Medical Scholarship**  
**Garland Homes Carter and Garland Norfleet Carter**  
**Memorial Scholarship**  
**(College Students in Health Care)**

**Requirements:**

**Graduate Degrees for Medical Doctor: Must hold an undergraduate degree and accepted into a medical school. Documentation of acceptance into a medical school is required.**

**Undergraduate Nursing Degrees: Must be accepted into a specific nursing program of study within the School of Nursing of a four-year college/university. Documentation of acceptance in a specific nursing program is required from the college/university.**

**Acceptable Medical Degrees/Professions: Students who are actively pursuing an undergraduate degree in a four-year college/university in health care sciences and technologies, including, but not limited to doctor of medicine and doctor of dental surgery.**

**Purpose of Scholarship:**

To help **deserving Mecklenburg County, Virginia** students who are of **good character** and who are in **need** of financial assistance for their tuition expenses to achieve their educational goals.

**Postmarked/Deadline Date: Wednesday, April 10, 2019.** No exceptions to deadline! Applications received or postmarked after the deadline date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.

**Mail** your completed application to:

**Dottie Dean Bratton, President**  
**Mecklenburg Scholarship Association**  
**912 West Sycamore Street**  
**Chase City, Virginia 23924**

## **Completed Applications Include the Following:**

### **1. Letters of Recommendation**

- a. Physician or Professor** who is associated with the school the applicant is presently attending and who has not previously written a recommendation for the applicant.
- b. Community representative** recommendation from a person who has not previously written a recommendation for the applicant.

### **2. Official, sealed academic transcript from the Registrar's Office.**

Unofficial transcripts are not acceptable.

### **3. Letter of acceptance into a medical school, a specific nursing program within the nursing department of the school or other schools of health care sciences and technologies.**

## **Selection Committee's Guidelines for Awarding Scholarships**

1. Completed applications must be postmarked no later than April 10<sup>th</sup> or in the possession of the President of the Mecklenburg Scholarship Association. Applications received after this date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.
2. If an item on the application is left blank or if a page is deleted from the application, the student is required to explain the reason for the omission.
3. If the applicant has neither a letter of acceptance at a college/university nor an official, sealed transcript, the application will be eliminated from consideration.
4. Home mailing address and/or school district of the applicant is required to determine residency within Mecklenburg County, VA, and thus, determine the eligibility of the applicant.
5. A student holding a part-time job will be considered as a positive factor in determining scholarship awards.
6. Applicants with parents who earn higher incomes will be considered on a limited basis.
7. Since this scholarship is based on a student's character, the Selection Committee requires trustworthy and truthful information on the application from the applicant.
8. Scholarship awards are non-transferable from one college to another college. If a student does not enroll in the school stated on the scholarship application, the scholarship award is forfeited.
9. Applicants who are reapplying for a scholarship must seek letters of recommendation from individuals who have not written previous recommendations for the applicant. This includes a physician or professor as well as the community representative.
10. Master's degree applicants, students over the age of 26 years, and all scholarship amounts will be determined with consideration for the cost of tuition and funding availability.

If awarded a scholarship, you will be asked to complete a "Verification of College for Distribution of Scholarship Awards" form. You will need to give your college Student ID number and the Registrar's name and office address so that your scholarship award can be sent to your school by July 1. Failure to do so by the stated deadline date on the form will forfeit your scholarship. Your scholarship amount will be divided with half of the amount for the Fall Semester and the other half of the amount for the Spring Semester. Lynanne Newman, Vice President and Personal Trust Specialist at BB&T Bank in Martinsville, VA will administer all payment awards for the Carter Memorial Medical Scholarship to your college/university. Your "End of Semester" reports will be sent directly to her.

## Student Information

**Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Home School District:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(If no email address is available, please submit a phone number where you can be reached. Please print legibly. The applicant will be contacted if there is a question that needs an explanation.)

**College Presently Attending:** \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_

**College Acceptance Letter:** If applicable, attach a copy of your college acceptance letter to this application.

**Estimated tuition cost per year for the school you will be attending:**

\_\_\_\_\_

**Extra Curriculum Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Course of Study that qualifies under the guidelines of the Carter Memorial Medical Scholarship:** \_\_\_\_\_

**Your (Student) Income and the Amount Received:**

Part-Time Job \_\_\_\_\_  
Child Support: \_\_\_\_\_  
Social Security Administration: \_\_\_\_\_  
Department of Social Services: \_\_\_\_\_  
Other: \_\_\_\_\_

**Do you presently receive or have you applied or will you apply for financial aid?** Presently receiving \_\_\_\_\_ Will apply or have applied \_\_\_\_\_  
**Title of Financial Aid Receiving or Have Applied to Receive** \_\_\_\_\_

**Future Plans:** Please write on the back of this sheet additional space is needed.

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- Letters of Reference:** Enclose both letters with this application.
1. Physician/Professor Recommendation from an individual who has not previously written a letter of reference for the applicant.
  2. Recommendation from a Community Representative who has not previously written a letter of reference for the applicant.

**Academic Transcript:** Enclose your official, sealed transcript from the Registrar’s Office. Unofficial transcripts are unacceptable.

## Parent/Guardian Information

**Total Number of persons residing in your household?** \_\_\_\_\_

**Marital Status:** Single \_\_ Married \_\_ Separated \_\_ Divorced \_\_ Widowed \_\_

**Number of children presently enrolled in college:** \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**1040 Tax Form/Adjusted Gross Income:** \_\_\_\_\_

**Other Sources of Income and Amounts Received:**

Part-time Job: \_\_\_\_\_

Social Security Administration: \_\_\_\_\_

Department of Social Services: \_\_\_\_\_

Retirement Benefits: \_\_\_\_\_

Other: (Unemployment benefits, Rental property income, Farm subsidies, etc.) \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**1040 Tax Form/Adjusted Gross Income:** \_\_\_\_\_

**Other Sources of Income:**

Part-time Job: \_\_\_\_\_

Social Security Administration: \_\_\_\_\_

Department of Social Services: \_\_\_\_\_

Retirement Benefits: \_\_\_\_\_

Other Income: (Unemployment benefits, Rental property, Farm subsidies, etc.) \_\_\_\_\_

**Total Family Income:** \_\_\_\_\_

**\*If you are financially independent of your parents, please give an explanation on the back of this sheet. Independent means that your parents do not financially support you with any of your daily expenses such as rent, food, clothing, education, transportation, etc.**

**Additional Comments:** Are there any unusual personal or family circumstances for this committee to consider? Write on the back of this sheet if you wish to comment and need additional space.

**Pledge:**

**The information given on this application is truthful and accurate to the best of my knowledge.**

\_\_\_\_\_  
Parent Signature, if applicable

\_\_\_\_\_  
Student Signature