

The Walter T. Watkins Memorial Scholarship

Part I: Each applicant for the Walter T. Watkins Memorial Scholarships must complete this section of the application. Please check which scholarship you are applying for this year.

Academic

Technical

Educational Funded Course(s)

1. Full Name:

2. Birthdate:

3. Home Address: Street Address, City, State, Zip Code

4. Mobile Phone Number:

5. Email Address:

6. Please check your best Academic Status at this time of application:

Graduating High School Senior

Completed High School and/or GED

Incoming College/Other School Freshman

Have completed some Advance Work beyond High School, but do not hold a Degree or certificate

Have received a College Degree, but are enrolled in a Graduate Program

Other: Please explain:

7. What is your intended major of Study?

8. Please classify yourself as a Carlyle Place Employee: FT (Full Time) (PT) Part-time

9. What school(s) have you applied to for further study?

10. Which school do you plan to attend next year?

Please let us know about your career objective: Include how this scholarship will fulfill your development to enhance your present career or as an aid in establishing a future career. Attach this explanation to your Application.

Before signing your application, please attach a certified transcript of the institution you are currently attending. If not enrolled in a school at this time, please explain below.

Signing of application - Part I: I certify that the above information is accurate and give my permission for the Navicent Health Foundation to verify records with the schools listed, as needed:

_____ Signature _____ Date

Please ensure the following documents are submitted with your application.

Transcript

Tuition invoice demonstrating financial needs

Part 2: If you are applying for an Academic Scholarship toward a bachelor's degree, an Associate Degree, a Technical School Associate Degree or further Graduate Work, please also complete Part 2.

1. Academic Transcript: In addition to your most recent scholastic transcript you have uploaded to us, from the institution you are currently attending or have recently attended also include:

Extra-Curricular activities

Volunteer Community activities

Other awards

2. College Entrance Exams: Did you take the SAT or ACT? Yes No

3. Dual Enrollment - Have you participated in the Dual Enrollment Program? If so, please provide the school name and year you participated & results:

4. What are your first & second schools for which you have applied to and plan to attend?

5. What type of school will you attend next academic year? 4 year 2 year

Technical/Vocational School

6. Students attending college - How many students in your household will be attending college next academic year? Please include yourself. students

7. Please tell us in a separate attachment why you and your family need assistance with paying your college tuition.

8. Have you applied or do you plan to apply for any other scholarships? Financial Aid, or loan programs?

9. First Generation - A first generation college student is defined as a student with either parent/guardian who has not received a four-year degree. Please select the statement which you most closely identify:

Both of my parents/guardians have a four-year college degree.

Neither of my parents/guardians have a four-year college degree.

One parents/guardians has a four-year college degree.

Signing of application - Part 2: I certify that the above information is accurate and give my permission for the Navicent Health Foundation to verify records with the schools listed, as needed:

_____ Signature _____ Date

Please ensure the following documents are submitted with your application.

Transcript

Tuition invoice demonstrating financial needs

Return completed application with supporting documentation via email to tarver.perry@atrium.health.org June 1.

Navicent Health Foundation

ENCOURAGING YOUR GENEROSITY TO TRANSFORM VISIONS INTO REALITY