

Mecklenburg Scholarship Association

Medical Scholarship

Garland Homes Carter and Garland Norfleet Carter
Memorial Scholarship

(Trust Established for Mecklenburg County, VA Students in Health Care)

Scholarship Mission Statement:

To help deserving Mecklenburg County, Virginia students of good character and who are in need of financial assistance to defray the cost of tuition and mandatory fees to achieve their educational goals.

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 or university.

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

Postmarked/Deadline Date: Monday, April 20, 2020. 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. Applications received prior to the deadline date will be processed in the order received.

Completed applications are to be mailed to:

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

Selection Committee's Guidelines for Awarding Scholarships

1. Completed applications must be postmarked no later than April 20th 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 omission. If no explanation is given, the applicant will be ineligible for a scholarship award.
3. If applicants do not include a letter of acceptance to their chosen college or university and an official, sealed transcript from their college Registrar's Office or high school Guidance Counselor's Office, the application will be eliminated from consideration.
4. In addition to the applicants' home mailing address, the home school district of the applicant is also required to determine residency of 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. The applicant's signature is required under the pledge.
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 faculty member within the school the applicant is presently attending 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 the consideration for the cost of tuition, mandatory fees, funding availability and the number of applications received.

If awarded a scholarship, you will receive a "Verification of College for Distribution of Scholarship Awards" form to complete that will be included with your scholarship letter. You will need to give your college Student ID number, the Registrar's name and the Registrar's office address so that your scholarship award can be sent directly 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. Mr. Dwane Pack, Trust Specialist at BB&T Bank of Martinsville, VA will administer all payment awards for the Carter Memorial Medical Scholarship to your college/university. You will be responsible for sending your "End of Semester" reports to him.

Student Information

Legal Name: _____

Home Address: _____

Email Address: _____

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

Circle your Home School District: 1 2 3 4 5 6 7 8 9

High School or College Presently Attending: _____

College Acceptance Letter: Include a copy of your college or university acceptance letter with this application.

Cost of tuition and mandatory fees for the school you will be attending:
_____ (Do not include room and board, meal plans, textbook/class expenses.)

What is your course of study and your future plans that qualifies you for an award under the guidelines of the Carter Memorial Medical Scholarship? _____

Student Income and the Amount Received:

Job: _____ Employer: _____ Amount Earned: _____

Child Support: _____ Amount Received: _____

Social Security Administration: _____ Amount Received: _____

Department of Social Services: _____ Amount Received: _____

Other: Source: _____ Amount Received: _____

If employed, does your employer contribute to your educational expenses?
_____ If yes, what amount do you receive? _____

Do you presently receive or have you applied or will you apply for financial aid?

Presently receiving _____ Amount awarded: _____

Will apply or have applied _____ Title of Financial Aid: _____

Letters of Recommendations: (Enclose both letters with this application.)

1. Professor/Physician/Teacher Recommendation from an individual within the school presently attending 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 a copy of your official, sealed transcript from your college Registrar's Office or your high school Guidance Counselor's Office. Unofficial transcripts are unacceptable.

Parents/Guardian Information

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

Total Number of persons residing in your household? _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Number of children presently enrolled in college: _____

Father's Name: _____

Place of Employment: _____

1040 Tax Form/Adjusted Gross Income: _____

Other Sources of Income and Amounts Received:

Part-time Job: Amount Earned: _____

Social Security Administration: Amount Received: _____

Department of Social Services: Amount Received: _____

Retirement Benefits: Amount Received: _____

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

Mother's Name: _____

Place of Employment: _____

1040 Tax Form/Adjusted Gross Income: _____

Other Sources of Income:

Part-time Job: Amount Earned: _____

Social Security Administration: Amount Received: _____

Department of Social Services: Amount Received: _____

Retirement Benefits: Amount Received: _____

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

Total Family Income: _____

Additional Comments: Are there any unusual personal or family circumstances for this committee to consider? (Continue on the back/bottom of this sheet if more space is needed.)

Pledge: (Signature required from applicant)

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

Parent Signature, if applicable

Student Signature

***Applicants will be notified by mail if awarded a scholarship by the Selection Committee of the Mecklenburg Scholarship Association.**

Applicant Checklist: Completed Applications Include the following:

1. **Letters of Recommendation**
 - a. **Physician/Professor/Teacher** who is associated with the school that 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 your college Registrar's Office or your high school Guidance Counselor's Office.
3. **Letter of acceptance** into a **medical school**, documentation of acceptance into a **specific nursing program** within the nursing department of the college/university or other four-year schools for **health care science and technologies**.