

Mecklenburg Scholarship Association

Garland Homes Carter and Garland Norfleet Carter

Memorial Medical Scholarship

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

Scholarship Mission Statement:

To help **deserving Mecklenburg County, Virginia** high school and college 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 at a four-year college/university or medical school.

Requirements:

Graduate Degrees for Medical Doctors: Must hold an undergraduate degree and accepted into a medical school.

Undergraduate Health Care Sciences and Technologies Degrees: Students who are actively pursuing a degree in a four-year college or university with majors in all health care sciences and medical technologies including medical doctors, nurse practitioners, nurses, dentist, dental hygienist, psychologist, physical therapist, dermatologist, etc.

Important Message:

Students seeking a career in any medical field of study are encouraged to apply for the medical scholarship. Prospective as well as college/university medical students **are required to provide documentation of acceptance** into a specific health care program within their colleges/universities to apply for the Carter Memorial Medical Scholarship.

High school students may find this proof in their letter of acceptance into their college/university or by requesting a letter/document from the medical school confirming the student's acceptance.

College/university students may find this proof on their original letter of acceptance, their transcript of grades stating the student's major or a letter/document from their specific medical school department confirming the student's acceptance.

If no official document of acceptance into a medical field of study is available, students should then apply for the Pritchett (Chase City students) or Heble (all Mecklenburg County students) scholarships.

The Mecklenburg Scholarship Association (MSA) is currently working with Truist Banks in Orlando, FL and Atlanta, GA. The President of the MSA will submit to Truist the recipients of the medical scholarship and the monetary amounts awarded as well as their scholarship applications submitted to the MSA Selection Committee. From that point, Truist will notify the recipients of their procedures/requirements.

This scholarship is valid for the 2026-2027 academic school year. Although the Mecklenburg Scholarship Association administers three separate scholarship programs, (Pritchett, Carter Medical and Heble) only one scholarship per applicant will be awarded. Therefore, applicants are to select the one scholarship program that best describes their eligibility and only using the updated and revised 2026-2027 application. It is not the responsibility of the MSA Selection Committee to decide which scholarship program the student is eligible. Therefore duplicate applications will be eliminated from consideration by the committee.

Application Deadline Date: Wednesday, April 15, 2026.

No exceptions to deadline date! Applications received after the deadline date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award. Applicants must allow ample time for the postal service to deliver. Applications received prior to the deadline date will be processed in the order received. High school guidance counselors/college registrars are not responsible for mailing applications.

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 in the possession of the President of the Mecklenburg Scholarship Association no later than the deadline date of April 15th. Applications received after this date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award. Allow ample time for the postal service to deliver.
2. If a question on the application is left unanswered or if a page is deleted from the application, the applicant will be ineligible for a scholarship award if no explanation is given for the omission.
3. If applicants do not include a copy of their letter of acceptance to their chosen college/university or medical school and an **official, sealed transcript** from their college Registrar's Office or the MCHS Guidance Counselor's Office, the application will be eliminated from consideration. A personal **computer-generated printout** of grades by the applicant or **electronically sent transcripts** for the student's school are not acceptable.
4. The applicants' home mailing address is required to determine residency of Mecklenburg County, Virginia, and thus, to 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 along with the date the applicant signed 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 applying or 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 not affiliated with the school in any capacity. Letters of recommendations are to be in sealed envelopes by the individuals writing them.
10. Doctorial and 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, scholarship funding availability and the number of applications received.
11. The President of the Mecklenburg Scholarship Association does not participate in the selection of the scholarship recipients or vote for any candidate applying for either of the three scholarship programs MSA offers. (Pritchett, Carter Medical, Heble) Scholarship recipients are determined solely by the Selection Committee. However, additional help or questions can be submitted to dottie.bratton@gmail.com.

Carter Memorial Medical Scholarship

Student Information

Student's Legal Name: _____

Home Address: _____

Date of Birth: _____

Email Address: _____

(The applicant will be contacted if there is a question that needs an explanation.)

School Presently Attending: _____

Include a copy of your official, sealed Academic Transcript from your school. A student's personal-computer printout or an electronically sent transcript from the student's school are not acceptable.

Your College/University Choice: _____

(Include a copy of your college/university acceptance letter.)

Cost of tuition and mandatory fees for the school: _____

(Do not include room and board, meal plans, textbook/class expenses.)

What is your course of study and your future plans?

Student Income and the Amount Earned/Received:

Job/Employer: _____ Amount Earned: _____

Child Support: _____ Amount Received: _____

Social Security Administration: _____ Amount Received: _____

Department of Social Services: _____ Amount Received: _____

Other Sources: _____ 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 _____ List title(s) of Financial Aid: _____

Letters of Recommendations:

- a. **Physician/Professor/Teacher** who is associated with the school where the applicant is presently attending and who has not previously written a recommendation for the applicant.
- b. **Community representative** recommendation from a person who is not affiliated with the school in any capacity and who has not previously written a recommendation for the applicant.

Parents’/Guardians’ 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/legal guardians do not financially support you with any of your daily expenses such as rent, food, clothing, educational expenses, transportation, etc.

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

Number of dependents claimed on your most current tax return? _____

Number of dependents presently enrolled in college: _____

Father’s/Legal Guardian’s Name: _____

Place of Employment: _____

If self-employed, state what you do as being self-employed to earn your income and state your income from your self-employment.

Adjusted Gross Income on your most current tax return: _____

Other Sources of Income and the Amounts Earned/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/Legal Guardian’s Name: _____

Place of Employment: _____

If self-employed, state what you do as being self-employed to earn your income and state your income from your self-employment.

Adjusted Gross Income on your most current tax return: _____

Other Sources of Income and the Amounts Earned/Received:

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: _____
Parent(s) and Student

Pledge: (Parental signature required from high school applicant; optional parental signature for college students.)

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

Parent Signature, if applicable

Student Signature

Date

If awarded a scholarship, the following information is needed to verify the correct distribution of your funds. This information can be found in your acceptance letter, on your college’s website or in additional mailings from your school. **It is imperative that this information is readable and correct. Your scholarship money will be mailed to the information you provide.**

Your college student ID number: _____

The college Registrar’s name: _____

The Registrar’s Office address: _____

The Carter Memorial Medical Scholarship’s monetary amount **will be divided** with half of the amount for the Fall Semester and the other half of the amount for the Spring Semester. Ms. Krista Salyers, Vice President and Client Manager at Truist Bank of Orlando, FL will administer all payment awards from the Carter Memorial Medical Scholarship Trust directly to your college/university. It is the intention of the Mecklenburg Scholarship Association that your scholarship award will be credited on your tuition statement prior to you receiving it for the upcoming school year. You will also receive additional instructions from Ms. Salyers for your “End of Semester” reports. Your completed medical scholarship application will be forwarded to and become the property of Truist Bank.

Applicants will be notified only if awarded a scholarship.

Remember: You can apply for a scholarship from the MSA every year that you are in school seeking a degree. Updated and revised applications will be available in January of each school year and can be found on your town’s website or by emailing dottie.bratton@gmail.com.