



## 2019 C.B. Crook Family Scholarship

Stanly Health Foundation's C.B. Crook Family Scholarship, worth \$5,000, honors the community involvement of the late C.B. Crook and his wife, Betty. The Crooks have been philanthropic champions for the Foundation since its inception in 1990, and Mr. Crook led the Stanly Society for more than twenty years. It is the hope of the Foundation Board of Directors that the scholarship recipient will practice in our community upon completing his or her education.

The application and all requirements are due by **May 15, 2019**, to the office of Stanly Health Foundation, Attn: Scholarship Committee, PO Box 254, Albemarle, NC 28002. Applications may also be dropped off at the Foundation office at 217 Yadkin Street, Albemarle. Please contact Amy Jones at 980.323.4096 or [amy.r.jones@atriumhealth.org](mailto:amy.r.jones@atriumhealth.org) with any questions.

### The following requirements pertain to the scholarship:

- ❖ Applicants will submit a completed C. B. Crook Family Scholarship application.
- ❖ Applicants will have completed a minimum 60 hours of undergraduate study by June 2019.
- ❖ Applicants will submit proof they have been accepted into a healthcare program of study for either undergraduate or graduate school.
- ❖ Applicants will have a minimum 3.0 cumulative undergraduate GPA and submit their official undergraduate transcript(s).
- ❖ Applicants will reside in Stanly County, Montgomery County, **or** will be a CHS Stanly teammate.
- ❖ Applicants will submit two letters of recommendation from current or past professors.
- ❖ Applicants will submit a head and shoulders photo for possible use in press releases, website, newsletter, etc.
- ❖ Applicants will submit the address of the office of financial aid or the cashier's office at their school.
- ❖ Applicants will submit a 1-page essay describing themselves, why they should be chosen to receive the scholarship, and what their future plans are.

*Stanly Health Foundation's grants committee, composed of Board of Directors members, will select the recipient of the scholarship.*



## 2019 C.B. Crook Family Scholarship Application

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Name of Applicant (first, middle initial, last)

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Address City State Zip County

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Telephone Email Date of Birth

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If applicant is an Atrium Health Stanly teammate, please state your department

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Name of school where currently enrolled or will be enrolled

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Degree pursuing Expected completion date

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Current GPA Hours completed by June 2018

Below, please list the members of your household and your relationship with each.

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Name Relationship

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Name Relationship

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Name Relationship

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Name Relationship

(2)

Please list extracurricular activities (including scholastic or service organizations, clubs, athletics, awards, or leadership positions).

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Please list work experience and the number of hours worked per week during the school year, if applicable. Please also list community service or volunteer positions and the number of hours given to each.

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Please state any special personal or family circumstances affecting your need for financial assistance.

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**APPLICATION DEADLINE: May 15, 2019**