

Stanly Health Foundation Combined Application for Crook and Hinson Scholarships



PO Box 254, Albemarle, NC 28002
980-323-4096

Personal Information:

Full Name:

Address:

Email: Phone:

Teammate Information:

Are you an Atrium Health Stanly Teammate? Yes No

If yes, department? # of years employed

Do you have a family member employed at Atrium Health Stanly? Yes No

If yes, department? # of years employed

Educational background:

Are you currently enrolled in:	Degree	Total Hours earned by May 30, 2026	Total Hours Needed for completion
Associates Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate Program	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current GPA: Expected completion date:

Previous educational experience:

Degree	Institution	Year of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional background/Work experience:

Company Name	Job Title	Work Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of hours worked per week during academic year (if applicable)

Significant community or college activities or awards:

Activity/award Year_____

Activity/award Year_____

Activity/award Year_____

Personal Essay:

Essay should be 350-500 words, focused on your motivation to pursue a health care career. Briefly state your educational and professional goals and discuss future plans including how you hope to improve healthcare in Stanly County. Please email typed essay along with additional application materials listed below.

Other items required for submission:

*Transcript from most recent educational institution enrolled

*Proof of acceptance or current enrollment into healthcare program for undergraduate or graduate study

*Two recommendation forms (to be submitted by recommender directly to the Foundation office by mail or emailed to amy.r.jones@advocatehealth.org)

1. one from a current or past professor
2. one from an Atrium Health Stanly teammate

I attest that the information included in this application is true and is to be used by the scholarship committee to determine eligibility for the scholarships for which I have applied.

Signature of applicant:

Deadline to apply is May 15, 2026.

Scan and email application (no hard copies accepted), along with required items for submission to amy.r.jones@advocatehealth.org