

## 2012 Lillie Norket Scholarship Application

Personal Information			
First Name & Middle Initial	Last Name	Age	Date
Street Address	City	State/Zip	County
Daytime Phone/ Evening Phone/ Cell Phone		<input type="checkbox"/> Application <input type="checkbox"/> Re-Application	
E-Mail Address:			
Family Information			
Father's Name	Address	Occupation	
Mother's Name	Address	Occupation	
Spouse's Name	Address	Occupation	
Children/Name & Age	Children/Name & Age	Children/Name & Age	
Work Experience <i>(Please list company names, address, supervisors, date of employment, etc.)</i>			
Volunteer Experience <i>(Please list specific organizations, companies, dates, contact name, etc.)</i>			
Community Activities <i>(Please be specific.)</i>			
School Activities & Honors			
Educational Acceptance <i>(Must provide an acceptance letter from the college.)</i>			
School Name	Address		
Education Program Title / Career Path	Estimated Cost per Year		





## Release & Permission to Publish

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give Davis Regional Medical Center permission to use my photograph for public relations purposes. I hereby release Davis Regional Medical Center and their employees from any liability or responsibility for any foreseen or unforeseen results or causes that may arise as a result of this photograph.

Signature: \_\_\_\_\_

Parent/Legal Guardian (*if under 18 years*): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_



## 2012 Lillie Norket Scholarship Criteria

Sunshine Volunteer Association

The Lillie Norket Scholarship Fund was established by the Sunshine Volunteers of Davis Regional Medical Center to honor the memory of Miss Lillie Norket, a registered nurse and dedicated staff member for over sixty years. It is our aim to encourage people to pursue a career in nursing or a medically related hospital field (pertaining to humans).

### Scholarship Criteria

1. You must be a high school graduate or be within three (3) months of graduation.
2. Iredell County residents who qualify as applicants for this scholarship are given preference.
3. **You must demonstrate a need for financial assistance.** Failure to demonstrate financial need may result in application being disqualified. Applicants without other financial assistance will be given preference.
4. You must be enrolled in, accepted by, or already a student in an accredited school of nursing, college, university, or technical school.
5. You must have a definite commitment to a medically-related (human) career. Preference is given to applicants seeking careers within hospitals.
6. Recipients may re-apply each year and will be considered on the same level as other applicants. Letters of recommendation must be current for re-applications.

### Submission Guidelines

1. Submit a completed scholarship application no later than 5:00 p.m. on April 16, 2012. Application must demonstrate need for financial assistance and meet above criteria.
2. Attach a transcript of your most recent school records.
3. Attach a copy of your letter of acceptance into a qualified program.
4. Attach a current photo and sign and return the "Release & Permission to Publish" form. *(Photo will only be used if you are chosen for the scholarship. Scholarship recipient announcement will be released to local newspapers.)*
5. Present two (2) current letters of recommendation from school officials and two (2) current letters of recommendation from other individuals who can comment on your character and financial need (pastor, employer, etc. **Best friends** are not considered appropriate references.)
6. It is the scholarship applicant's responsibility to ensure all letters of recommendation, acceptance letter, and recent grades have been received by deadline date. Applications without the required documents will be automatically disqualified.

### Other Information

- **Applicants not in compliance with the above requirements will be disqualified.**
- Individual scholarships will be awarded as the Scholarship Committee recommends.

Date

Signature: