



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 applicant's disqualification. Applicants without other financial assistance are 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. Applicants seeking hospital careers are given preference.
6. Recipients may re-apply each year and are considered on the same level as other applicants. Letters of recommendation must be current for re-applications.

Submission Guidelines: All entries must be received by April 12th.

1. Submit a completed scholarship application. 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, sign, and return the Endorsement/Photo/Video Release" form (*Photo will only be used if you are chosen for the scholarship. Scholarship recipient announcement are 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.
7. Applicants may contact the volunteer office to verify all required documents have been received by emailing the chair at DRMC.Volunteers@DavisRegional.com. Please allow adequate time for the chair to respond to your inquiry in the event you do need to follow-up on your required documents.

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:



Endorsement/Photo/Video Release Form

I authorize Davis Regional Medical Center (“DRMC”) to use my name, endorsement, testimonial, personal story, photographs (including but not limited to “Before and After” photos), likeness, and image, (all of the foregoing shall be collectively referred to by the term “Endorsement”), in connection with any marketing and/or advertising for DRMC, in its sole discretion, elects to conduct.

I understand that DRMC may elect to engage in such marketing and/or advertising campaigns via print, on the Internet, Web casts, CD/DVD ROM, over the airwaves, or through other communications media, as DRMC deems appropriate. I waive any and all rights and claims to remuneration or compensation for DRMC’s use of my Endorsement, including but not limited to my rights of privacy and publicity. I agree that all photos, images, recordings or other materials comprising my Endorsement shall become the sole and exclusive property of DRMC. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release DRMC from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I understand that my Endorsement may generally benefit my community, and that the possibility of such benefit constitutes sufficient consideration for this Release. DRMC is under no obligation to use my Endorsement should it decide, in its sole discretion, that my Endorsement is not suitable for use in its marketing and/or advertising campaign.

I certify that all Endorsement materials that I submit to DRMC are true and accurate. I further certify that I will not omit any facts from my testimonial or endorsement that a reasonable consumer would consider relevant when making the decision to utilize DRMC’s services. To the extent that my Endorsement required the application of expertise, I certify that my qualifications provide the required expertise and that I have exercised my expertise to the degree necessary to support the conclusion in my Endorsement.

Print Name:

Signature: _____ Date: _____

Guardian/Legal Representative: _____ Date: _____

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		

