

**Application for Scholarship for Child
of EDNCPHA Member**

Name: _____

Address:

Phone number including area code: _____

Is parent a current member of EDNCPHA? Yes___ No___

Was parent a member of EDNCPHA the year prior to this application? Yes___ No___

Parent Name: _____

Parent Address: _____

Parent place of employment: _____

Parent working title: _____

Name of accredited college or university you plan to attend: _____

Please list accredited colleges/universities for which you have applied, been accepted or are currently enrolled:

Applied:	Accepted or Enrolled:
_____	_____
_____	_____

What will be your educational status in the fall of the upcoming school year? (freshman, sophomore, etc):
_____ What is your intended course of study? (if undecided, list those being considered): _____

PLEASE SUBMIT THE FOLLOWING WITH THIS COMPLETED APPLICATION FORM:

1. A typed list of school, church or community activities that you have participated in. Include offices or leadership roles held.
2. A typed 2 page or less essay to the scholarship committee addressing your reasons for: a) desiring to further your education b) your future plans for employment c) why you deserve this scholarship and d) how this scholarship will benefit you.
3. An official academic transcript of your previous 12 months, or last year attended school (high school or college). The official transcript must have the stamped seal and/or signature.

4. Two letters of recommendation from: a) a high school principal, guidance counselor, or teacher b) a business or professional person other than school personnel
5. Enclosed proof of parent's current membership receipt and proof of parent's membership for year prior to this application
6. Checklist signed and dated by applicant.

PLEASE SUBMIT POSTMARKED NO LATER THAN March 22, 2010 TO:

**Rhonda Ashby
EDNCPHA Scholarship Committee Chair
DHHS Greenville Regional Office
2045 C Eastgate Drive
Greenville, NC 27858**