

## **Carilion Clinic Health Focus Scholarship Fund Application**

The Carilion Clinic Foundation is offering scholarships to students from the Carilion service area who are pursuing a degree in a health care. These scholarships are available for associate, bachelor and graduate degrees. Scholarship awards range from \$250 to \$5,000.

The applicant maintains a permanent residence in one of the following Virginia cities, towns or counties: Bedford, Bland, Botetourt, Buena Vista, Christiansburg, Craig, Floyd, Franklin, Giles, Henry, Lexington, Martinsville, Monroe, Montgomery, Patrick, Pulaski, Radford, Roanoke, Rockbridge, Salem, Smyth, Tazewell, Wythe.

Information and the application can be found at [carilionfoundation.org/scholarships](https://carilionfoundation.org/scholarships). Please email any questions to [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org).

The deadline to apply is **April 15, 2026**. Successful candidates will be notified at the beginning of June.

### **Eligibility**

- The applicant must be pursuing a degree in health care.
- Has a GPA of 3.0 or higher on a scale of 4.0.
- Is enrolled in or has been accepted by an accredited college or university within the state of Virginia.
- The applicant can demonstrate a financial need.
- Applicants will be selected based on their GPA, recommendations, personal statements and financial need.

### **Requirements**

- The complete package must be submitted with all documents at the time of application.
- Scholarships will be awarded for the Fall semester.
- The recipient must use the funds for the academic year that the funds are given or forfeit the award.
- The recipient must maintain eligibility requirements and sign an agreement with Carilion Clinic Foundation regarding these requirements and use of funds.
- If an applicant is starting a program, a letter of acceptance to the program must be included in the application package.
- The applicant's name must be on the personal statement page.
- Scholarship awards will be paid directly to the named academic institution for use by the student and will be awarded based on the actual tuition balance.
- All sections of the application must be completed.
- Applications must be typed. Handwritten applications will not be accepted.

### **Completed applications include:**

- Answers to all questions
- A Personal Statement essay

- Two letters of recommendation
- Copy of current unofficial transcript
- If starting first year of program, please include your acceptance letter.
- Submission of all materials by April 15, 2025 to [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org)

**\* Please do not leave any sections blank. Incomplete applications will be disqualified.**

### Carilion Clinic Health Focus Scholarship Application

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_

Mobile number \_\_\_\_\_

Current position with Carilion \_\_\_\_\_

Length of employment with Carilion \_\_\_\_\_

Name of college where you are currently enrolled \_\_\_\_\_

\_\_\_\_\_

Student identification number \_\_\_\_\_

Name of program \_\_\_\_\_

\_\_\_\_\_

Year of program you will be this fall \_\_\_\_\_

Part-time student ☐ Full-time student ☐

Date of anticipated graduation \_\_\_\_\_

Current GPA \_\_\_\_\_

Professional or non-professional honors or awards \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current community services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other extracurricular activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Financial information**

Anticipated cost of tuition for the 2025-2026 school year: \_\_\_\_\_

Amount expected from personal sources (yourself, relatives etc.): \_\_\_\_\_

Amount expected from grants and financial aid sources: \_\_\_\_\_

Will you be working during the school year? \_\_\_\_\_

If so, what is your expected annual income? \_\_\_\_\_

What is your current tuition balance? \_\_\_\_\_

### **Personal statement**

Please include a personal statement of no more than one typed page, explaining what has inspired you to go into your chosen field of healthcare and sharing your career goals and objectives. Please include an explanation of your financial need and how you plan to meet your school expenses.

### **Two letters of recommendation**

A letter of recommendation is required as part of this application. This may be from a teacher, professor or other school official, or from a current or former work supervisor. The recommendations may be emailed to [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org).

### **Unofficial transcript**

Please include your most recent transcript from your college or university with your application package. If you are just beginning your program/degree, please include the final transcript from your most recent degree. This may be emailed to [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org)

**All applications and supporting documents must be completed and emailed/faxed on or before Tuesday, April 15, 2025 to [foundation@carilionclinic.org](mailto:foundation@carilionclinic.org)**