



## Rockingham Health Care Foundation CNA Scholarship Application

*This CNA Scholarship is available to anyone interested in the Nursing Assistant I Class at Rockingham Community College. Two scholarships are available each session. To apply, please submit a completed application, essay and two letters of recommendation outlined below to the Rockingham Health Care Foundation at 117 East Kings Highway, Eden NC 27288. If your application is selected, you will be asked to complete an interview with the selection committee.*

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

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

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Telephone #: \_\_\_\_\_

Please select the Nursing Assistant I Class you are interested in:

\_\_\_\_\_ Fall Class (Begins mid to late August) --- Application Deadline is June 30<sup>th</sup>

\_\_\_\_\_ Spring Class (Begins mid to late January) --- Application Deadline is November 30<sup>th</sup>

\_\_\_\_\_ Summer Class (Begins mid to late May) --- Application Deadline is March 31<sup>st</sup>

Please attach the following to your application:

- A short essay telling the Selection Committee why you are interested in this scholarship and what it would mean to you to be the scholarship recipient.
- Two letters of recommendation sealed in an envelope with the writer's signature across the seal (family members are excluded from providing the recommendation letter)

*(continued on back)*



## Terms of Agreement

*Please read and initial each statement then sign and date.*

\_\_\_\_\_ I meet all the enrollment criteria for the Nursing Assistant I Program at Rockingham Community College including:

- High School Diploma or GED
- Government Issued Picture ID (driver's license or passport)
- Signed Social Security Card

\_\_\_\_\_ I am confident that I can pass the Background Check and Drug Screen.

\_\_\_\_\_ I understand that if I am unable to complete the Nursing Assistant I Class for any reason (ex. unsatisfactory Background Check or Drug screen, personal reasons, failure of class) I will be required to pay back all expenses provided through this scholarship.

\_\_\_\_\_ I understand that by accepting this scholarship I am agreeing to work for UNC Rockingham Health Care for 1 year. If I am unable to accept or remain employed due to no fault of the employer, I agree to pay back the scholarship dollars received. The total amount due will be reduced by 1/12 for each month of successfully completed work at UNC Rockingham Health Care.

If I am terminated for cause, the payback agreement remains intact. If I am terminated without cause or through no fault of my own, the payback agreement is void.

\_\_\_\_\_ I understand that a complete application includes an essay, two letters of recommendation and, if selected, an interview with the selection committee.

\_\_\_\_\_ This scholarship covers the following expenses:

Registration, Insurance & CPR, Criminal Background Check and Drug Screen, State Exam for License, Textbooks, Required Supplies (Stethoscope, BP Cuff and Gait Transfer Belt), and two Uniforms and Shoes.

I have read and understand the statements above.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Parent/Guardian Signature if Applicant is under 18