CAPE FEAR VALLEY HEALTH FOUNDATION

CADUCEUS SOCIETY

Scholarship

Objective of Scholarship:

This scholarship's intent is to encourage and support high school students to consider careers in the health sciences.

Administration of the Program:

The scholarship is funded through donations to the Caduceus Society of Cape Fear Valley Health Foundation. Caduceus Society is a leadership association of Cape Fear Valley Health physicians, emeritus physicians and affiliated area physicians. The society has a continuing commitment to the ideals of our hospital and a common mission to provide the highest quality healthcare to our community.

Amount of Scholarship: One-time $1,000 award for one high school senior.

Who is eligible?

Any Cumberland, Bladen, Hoke or Harnett County high school senior planning to pursue a degree in health sciences or health occupation field of study. Eligible seniors may apply without regard to race, gender, color, age, national origin, religion, or physical or mental disability, provided all other criteria are met.

Other Eligibility Criteria:

- Student must have a minimum average GPA of 2.50 (unweighted).
- Student has been admitted to an accredited course of study to a two or four-year college or university.

Application Requirements:

1. Completed application
2. Official high school transcript
3. Two letters of recommendation
4. Copy of college acceptance letter

Deadline:

Application must be received or postmarked to Cape Fear Valley Health Foundation no later than **March 28, 2025**.

Please mail to: *Cape Fear Valley Health Foundation, P.O. Box 87526, Fayetteville, NC 28304*
Or drop off at: *Cape Fear Valley Health Foundation, Medical Arts Building, 101 Robeson Street, Suite 106, Fayetteville, NC 28301*

If you have questions, please call **(910) 615-1285**.

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Scholarship Application

Please include the following information:

Name: *First* _____ *MI* _____ *Last* _____

Address: *Street* _____ *City* _____ *Zip code* _____

Phone Number: *(*_____*)*_____ – _____

Email: _____ @ _____

Name of Parent or Guardian: *First* _____ *Last* _____

Address: *Street* _____ *City* _____ *Zip Code* _____

High School: _____

Address: *Street* _____ *City* _____ *Zip Code* _____

College Applicant Plans to Attend: _____

Address: *Street* _____ *City* _____

State _____ *Zip Code* _____

Area of Study: _____

Essay (*500 - 750 words*): What person *and/or* event inspired you to pursue a career in the medical field, and how will this experience influence you as you further your education?

We look forward to your application!

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Please attach high school transcript, letter of recommendation, a copy of college acceptance letter, and essay with this completed application.

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