



# SHERIFF HUBERT PETERKIN SCHOLARSHIP APPLICATION

## ***Objective of Scholarship:***

This scholarship's intent is to honor the legacy of Sheriff Hubert Peterkin by recognizing a Hoke County high school senior who intends to pursue higher education in the health sciences field and is a dependent of a law enforcement agent in the county.

## ***Administration of the Program:***

Funded through donations to Friends of Hoke with Cape Fear Valley Health Foundation. Donations to this fund support exceptional health care in the Hoke County community for patients served at Cape Fear Valley Hoke Hospital.

**Amount of Scholarship:** \$1,000 one-time scholarship

## ***Who is eligible?***

Any high school student who resides in Hoke County and is planning to pursue a degree in health sciences or health occupation field of study and is a dependent of a law enforcement agent in the county. 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 27, 2026**.

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, call **(910) 615-1285**.

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***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!***



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

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