

# Mecklenburg Scholarship Association

## *Garland Homes Carter and Garland Norfleet Carter*

### *Memorial Medical Scholarship*

(Trust Established for Mecklenburg County, VA College Students in Health Care)

#### **Scholarship Mission Statement:**

To help **deserving Mecklenburg County, Virginia** college students of **good character** and who are in **need of financial assistance** to defray the cost of **tuition and mandatory fees** to achieve their educational goals at a four-year college/university or medical school.

#### **Requirements:**

**Graduate Degrees for Medical Doctor:** Must hold an undergraduate degree and accepted into a medical school. **Documentation of acceptance** into a medical school is required.

**Undergraduate Nursing Degrees:** Must be accepted into a **specific nursing program of study** within the School of Nursing of a four-year college/university. **Documentation of acceptance** in a specific nursing program with all **pre-requisite classes completed** is required from the college or university.

**Acceptable Medical Degrees or Professions:** Students who are actively pursuing a degree in a four-year college or university with majors in health care sciences and medical technologies, including, but not limited to doctors of medicine and doctors of dental surgery. **Documentation of acceptance** is required.

Do **not** apply for the Carter Medical Scholarship unless you can include with this application an official letter or documentation from your college/university stating your official acceptance into your specific medical field of study. Your “intended major” stated on your acceptance letter does not mean that you are officially accepted into your desired medical program of study.

After pre-requisite course requirements are completed, you must submit your application for official acceptance into your desired medical program at your school and be approved by that department into your medical major. Although there may be exceptions and variations among colleges/universities, this process is usually completed during the second semester of your sophomore college year. In accordance with the trust of the Carter Memorial Medical Scholarship, documentation of acceptance into a specific medical program is required before this scholarship can be awarded by the Mecklenburg Scholarship Association. Thus, high school graduates are not eligible for this scholarship.

**Postmarked/Deadline Date: Friday, April 16, 2021.** No exceptions to deadline! Applications received or postmarked after the deadline date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.

#### **Completed applications are to be mailed to:**

Dottie Dean Bratton, President  
Mecklenburg Scholarship Association  
912 West Sycamore Street  
Chase City, Virginia 23924

## Selection Committee's Guidelines for Awarding Scholarships

1. Completed applications must be postmarked no later than April 16th or in the possession of the President of the Mecklenburg Scholarship Association. Applications received after this date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.
2. If a question on the application is left unanswered or if a page is deleted from the application, the student is required to explain the reason for omission. If no explanation is given, the applicant will be ineligible for a scholarship award.
3. If applicants do not include a letter of acceptance to their college/university or medical school; documentation of acceptance into a special medical program within their school; and an official, sealed transcript from their college Registrar's Office, the application will be eliminated from consideration.
4. The applicants' home mailing address is required to determine residency of Mecklenburg County, VA, and thus, to determine the eligibility of the applicant.
5. A student holding a part-time job will be considered as a positive factor in determining scholarship awards.
6. Applicants with parents who earn higher incomes will be considered on a limited basis.
7. Since this scholarship is based on a student's character, the Selection Committee requires trustworthy and truthful information on the application from the applicant. The applicant's signature is required under the pledge.
8. Scholarship awards are non-transferable from one college to another college. If a student does not enroll in the school stated on the scholarship application, the scholarship award is forfeited.
9. Applicants who are reapplying for a scholarship must seek letters of recommendation from individuals who have not written previous recommendations for the applicant. This includes a faculty member within the school the applicant is presently attending as well as the community representative.
10. Doctorial and Master's degree applicants, students over the age of 26 years, and all scholarship amounts will be determined with the consideration for the cost of tuition, mandatory fees, scholarship funding availability and the number of applications received.
11. The President of the Mecklenburg Scholarship Association does not participate in the selection of the scholarship recipients or vote for any candidate applying for either of the three scholarship programs (Pritchett, Carter, Heble) offered. Scholarship recipients are determined solely by the Selection Committee.

**Student Information**

**Student's Legal Name:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Student Phone #:** \_\_\_\_\_

(The applicant will be contacted if there is a question that needs an explanation.)

**School Presently Attending:** \_\_\_\_\_

(Include a copy of your official, sealed Academic Transcript from your school.)

**Cost of tuition and mandatory fees for the school:** \_\_\_\_\_

(Do not include room and board, meal plans, textbook/class expenses.)

**What is your course of study and your future plans that qualifies you for an award under the requirements of the Carter Memorial Medical Scholarship?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Income and the Amount Received:**

Job Amount Earned: \_\_\_\_\_

Child Support: Amount Received: \_\_\_\_\_

Social Security Administration: Amount Received: \_\_\_\_\_

Department of Social Services: Amount Received: \_\_\_\_\_

Other Sources: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**If employed, does your employer contribute to your educational expenses?**

\_\_\_\_\_ **If yes, what amount do you receive?** \_\_\_\_\_

**Do you presently receive or have you applied or will you apply for financial aid?**

**Presently receiving** \_\_\_\_\_ **Amount awarded:** \_\_\_\_\_

**Will apply or have applied** \_\_\_\_\_ **Title of Financial Aid:** \_\_\_\_\_

**Letters of Recommendations:**

- a. **Physician/Professor** who is associated with the school where the applicant is presently attending and who has not previously written a recommendation for the applicant.
- b. **Community representative** recommendation from a person who has not previously written a recommendation for the applicant.

**Parents'/Guardians' Information**

**Applicant:** If you are financially independent of your parents/guardians, please give an explanation on the back of this sheet. Independent means that your parents/legal guardians do not financially support you with any of your daily expenses such as rent, food, clothing, educational expenses, transportation, etc.

**Number of dependents claimed on your most current tax return?** \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

**Number of dependents presently enrolled in college:** \_\_\_\_\_

**Father's/Legal Guardian's Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Adjusted Gross Income on your most current tax return:** \_\_\_\_\_

(AGI is located on: Line 37/Form 1040; Line 21/Form 1040A; Line 4/Form 1040EZ; No return filed)

**Other Sources of Income and the Amounts Earned/Received:**

Part-time Job: Amount Earned: \_\_\_\_\_

Social Security Administration: Amount Received: \_\_\_\_\_

Department of Social Services: Amount Received: \_\_\_\_\_

Retirement Benefits: Amount Received: \_\_\_\_\_

Other: (Unemployment benefits, Rental property income, Farm subsidies, etc.) \_\_\_\_\_

**Mother's/Legal Guardian's Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Adjusted Gross Income on your most current tax return:** \_\_\_\_\_

(AGI is located on: Line 37/Form 1040; Line 21/Form 1040A; Line 4/Form 1040EZ; No return filed)

**Other Sources of Income and the Amounts Earned/Received:**

Part-time Job: Amount Earned: \_\_\_\_\_

Social Security Administration: Amount Received: \_\_\_\_\_

Department of Social Services: Amount Received: \_\_\_\_\_

Retirement Benefits: Amount Received: \_\_\_\_\_

Other Income: (Unemployment benefits, Rental property, Farm subsidies, etc.) \_\_\_\_\_

**Total Family Income:** \_\_\_\_\_

**Additional Comments:** Are there any unusual personal or family circumstances for this committee to consider? (Continue on the back of this sheet if more space is needed.)

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**Pledge: (Signature required from applicant)**

**I pledge that the information given on this application is trustworthy and truthful to the best of my knowledge.**

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**Parent Signature, if applicable**

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**Student Signature**

**Applicant’s Checklist for Completed Applications**

1. Two letters of recommendation (school and community representatives)
2. Official sealed transcript from your college Registrar’s Office. Unofficial transcripts are unacceptable.
3. A copy of your Letter of Acceptance into a **medical school**; or an official document of acceptance into a **specific medical program of study** within that department of your college/university; or other four-year schools with **majors in health care science and medical technologies**.

**\*Applicants will be notified by mail if awarded a scholarship.**

If awarded a scholarship, you will receive a “Verification of College for Distribution of Scholarship Awards” form to complete that will be included with your scholarship letter. You will need to give your Student ID number, your Registrar’s name and the Registrar’s office address so that your scholarship amount can be sent to your school. **Failure to return the completed form by the deadline date stated on your verification sheet will forfeit your scholarship.**

The Carter Memorial Medical Scholarship’s monetary amount will be divided with half of the amount for the Fall Semester and the other half of the amount for the Spring Semester. Mr. Dwane Pack, VP/ Personal Trust Specialist at BB&T Bank of Martinsville, VA will administer all payment awards from the Carter Memorial Medical Scholarship Trust directly to your college/university by July 1. You will receive additional instructions from Mr. Pack for your “End of Semester” reports to him. Your completed medical scholarship application will be forwarded to and become the property of BB&T Bank.

This scholarship is valid for the 2020-2021 academic school year. Although the Mecklenburg Scholarship Association administers three separate scholarship programs (Pritchett, Carter and Heble), only one scholarship per applicant will be awarded. Therefore, applicants are encouraged to select the scholarship program that best describes their eligibility.