

Mecklenburg Scholarship Association

Garland Homes Carter and Garland Norfleet Carter

Memorial Medical Scholarship

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

Scholarship Mission Statement:

To help **deserving Mecklenburg County, Virginia** high school and 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.

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, doctors of dental surgery and doctoral programs for all types of therapies.

Important Message:

For several years, BB&T Wealth Management in Martinsville, VA was the administrator of the Carter Trust. All medical students were required to provide documentation of acceptance into a specific health care program within their colleges/universities to apply for the Carter Memorial Medical Scholarship. In 2019, BB&T and Sun Trust merged and began operation in 2021 as Truist Bank. The Mecklenburg Scholarship Association (MSA) is currently working with the Truist Bank in Roanoke, VA.

After an extensive examination of and making comparisons between numerous college entrance applications, it has been noted that some schools accepted graduating high school seniors into their health care science programs during the college acceptance process. This meant that these high school graduates could begin their college careers in their specific health care science program as an entering freshman as stated on their acceptance letter. Meanwhile, other colleges required freshmen students to complete all prerequisite courses and then apply and be accepted into their respective health care program within their colleges/universities. This procedure was usually completed during the Spring Semester of the sophomore year. These high school seniors, college freshmen and sophomores were not eligible for the Carter Memorial Medical Scholarship because they could not produce documentation of being a student majoring in a specific health care program. Thus, these students could not benefit from the Carter Memorial Medical Scholarship awards until the beginning of their junior year of college.

In fairness to **all students**, regardless of their college choice, the Board of Directors of the MSA voted to make high school seniors, with a career plan of majoring in a health care science program, eligible for the medical scholarship. Therefore, **all students** seeking a career in any medical field of study are encouraged to apply for the medical scholarship.

This scholarship is valid for the 2022-2023 academic school year. Although the Mecklenburg Scholarship Association administers three separate scholarship programs, (Pritchett, Carter Medical and Heble) only one scholarship per applicant will be awarded. Therefore, applicants are encouraged to select the one scholarship program that best describes their eligibility and using the updated and revised 2022-2023 application.

Application Postmarked/Deadline Date: Saturday, April 15, 2023.

No exceptions to deadline date! 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. High school guidance counselors/college registrars are not responsible for mailing applications.

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 15th 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 applicant will be ineligible for a scholarship award if no explanation is given for the omission.
3. If applicants do not include a letter of acceptance to their chosen college/university or medical school and an official, sealed transcript from their college Registrar's Office or high school Guidance Counselor'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 along with the date the applicant signed 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 applying or 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. Letters are to be in sealed envelopes.
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 MSA offers. (Pritchett, Carter Medical, Heble) Scholarship recipients are determined solely by the Selection Committee. However, additional help or questions can be submitted to dottie.bratton@gmail.com.

Carter Memorial Medical Scholarship

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.)

Your College/University Choice: _____

(Include a copy of your college/university acceptance letter.)

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 the Carter Memorial Medical Scholarship?

Student Income and the Amount Received:

Job/Employer: _____

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(s) 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.

Marital Status: Single____Married____Separated____Divorced____Widowed____

Number of dependents claimed on your most current tax return? _____

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/Form1040EZ; 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: _____

Pledge: (Signature required from high school applicant; optional parental signature for college students.)

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

Parent Signature, if applicable

Student Signature

Date

If awarded a scholarship, the following information is needed to verify the correct distribution of your funds. This information can be found in your acceptance letter, on your college's website or in additional mailings from your school.

Your college student ID number: _____

The college Registrar's name: _____

The Registrar's Office address: _____

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. Jonathan Choi, Vice President and Regional Trust Advisor at Truist Bank of Roanoke, VA will administer all payment awards from the Carter Memorial Medical Scholarship Trust directly to your college/university. It is the intention of the Mecklenburg Scholarship Association that your scholarship award will be credited on your tuition statement prior to you receiving it for the upcoming school year. You will also receive additional instructions from Mr. Choi for your "End of Semester" reports. Your completed medical scholarship application will be forwarded to and become the property of Truist Bank.

Applicant's Checklist for a Completed Application

- ___ 1. Official, sealed transcript from your college Registrar's Office.
- ___ 2. A copy of your Letter of Acceptance.
- ___ 3. Two letters of recommendation (school and community representatives)
- ___ 4. Application mailed in a timely manner to ensure delivery by the deadline date.

Applicants will be notified only if awarded a scholarship.

You can apply for a scholarship from the MSA every year that you are in school seeking a degree. Updated and revised applications will be available in January of each school year.