



April 17, 2006

Dear Applicant:

Thank you for your interest in the Kesha Young Health Careers Scholarship Program at Mission Hospitals.

To qualify for a Kesha Young Health Careers Scholarship, the following requirements must be met. You must:

1. Be a member of a minority group. *"Minority" is defined according to the guidelines of the federal and state governments as African-American, Hispanic, Asian/Pacific Islander, and Native American.*
2. Be a resident of Western North Carolina.
3. Maintain a minimum cumulative Grade Point Average of 2.75 on a 4.0 scale.
4. Pursue a field of study for which Mission Hospitals has an employment need. Special consideration will be given to students interested in pursuing a career in the following areas: Nursing, Radiology, Pharmacy, Laboratory, Physical Therapy and Surgical Technology.

In order to process your application, you must supply us with the following information:

1. Completed application.
2. Proof of minority status. *(Not applicable if re-applying for a scholarship.)*
3. A one-page statement telling us why you should be considered for the scholarship and what your goals are for your education.
4. An official (sealed) copy of your most recent high school or college/university transcript.
5. Two letters of recommendation. *(Not applicable if re-applying for a scholarship.)*

Enclosed are an application form and two requests for your personal letters of recommendation. In order to review your request for the scholarship, all of the above required information must be received in your application packet by **Friday, June 2, 2006** at the following address:

Kesha Young Health Careers Scholarship Program at Mission Hospitals  
Randall Richardson, Diversity Officer  
Mission Hospitals  
509 Biltmore Avenue  
Asheville, NC 28801

Again, thank you for your interest in the Kesha Young Health Careers Scholarship. Best of luck to you in your career endeavors!

Sincerely,

**Randall Richardson**

Randall L. Richardson  
Diversity Officer  
Mission Hospitals



## The Kesha Young Health Careers Scholarship Program at Mission Hospitals

Please print:

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Permanent (or home) Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College/University planned to attend/attending: \_\_\_\_\_

Have you been accepted? \_\_\_\_ Yes \_\_\_\_ No Start date: \_\_\_\_\_

Major course of study: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Have you applied for a scholarship with Mission Hospitals before? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_

How did you hear about the Kesha Young Health Careers Scholarship? \_\_\_\_\_

List any members of your immediate family currently employed at Mission Hospitals. \_\_\_\_\_

Would you be interested in an internship this summer? \_\_\_\_ Yes \_\_\_\_ No

**The above information is true to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Applications must include the following items for processing:**

1. Completed application.
2. Proof of minority status. *(Not applicable if re-applying for a scholarship.)*
3. A one-page statement telling us why you should be considered for the scholarship and what your goals are for your education.
4. An official (sealed) copy of your most recent high school or college/university transcript.
5. Two letters of recommendation. *(Not applicable if re-applying for a scholarship.)*

***The Application Deadline is Friday, June 2, 2006.***

***Notification of scholarship recipients will be made by Friday, June 16, 2006.***



## The Kesha Young Health Careers Scholarship Program at Mission Hospitals

Date: \_\_\_\_\_

To: \_\_\_\_\_

I, \_\_\_\_\_, have applied for the Kesha Young Health Careers Scholarship at Mission Hospitals. Before the Scholarship Selection Committee can review my application, I must provide two letters of recommendation. I would appreciate your writing a letter of recommendation for me to include in my application packet.

Please contact me at \_\_\_\_\_ when your letter of recommendation is  
Phone Number

complete and I will be happy to pick it up from you.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Applicant's Signature



## The Kesha Young Health Careers Scholarship Program at Mission Hospitals

Date: \_\_\_\_\_

To: \_\_\_\_\_

I, \_\_\_\_\_, have applied for the Kesha Young Health Careers Scholarship at Mission Hospitals. Before the Scholarship Selection Committee can review my application, I must provide two letters of recommendation. I would appreciate your writing a letter of recommendation for me to include in my application packet.

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Sincerely,

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Applicant's Signature