



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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