

The NAACP and The Hurley Foundation on behalf of Hurley Medical Center Scholarship Fund is established to assist and encourage young students who are about to enter an institution of higher learning and plan to pursue a career in healthcare. Students must reside in and attend a school in Genesee County.

To be eligible to apply, the student must be a U.S. citizen and a graduating senior of an accredited high school, or a non-traditional student who has a high school diploma or GED from an accredited institution. Membership in the NAACP is desirable, but not a requirement.

## NAACP & The Hurley Foundation on behalf of Hurley Medical Center

### 2017 Scholarship Requirements

Finalists will be notified by mail and asked to appear for an interview.

The scholarship awardees will be asked to attend and have one parent or guardian attend the NAACP Freedom Fund Dinner held on March 11, 2017. Before one can receive the award, he or she must have proof of being enrolled in an accredited college, university, or technical school.

**Applications must be received or postmarked by  
February 13, 2017**

Mail To:  
 Flint Branch of the NAACP  
 3455 Lippincott Blvd.  
 Flint, MI 48507

<b>SCHOLARSHIP APPLICATION</b>		
APPLICATION MUST BE TYPED		
1. Full Name:		
2. Permanent Home Address:		
City:	State:	ZIP Code:
Telephone #:	Email Address:	
3. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not a U.S. Citizen, do NOT continue with this application		
4. Date of Birth:	5. Birthplace:	
(Month/Day/Year)	(City/State/Country)	
HIGH SCHOOL INFORMATION		
6. Current High School:		
City:		
7. Counselor:	E-mail:	Telephone #:
8. Colleges Applied to:		
College A:	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College B:	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College C:	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you decided which college you will attend?		
If yes, give name:		
Date of Enrollment:	Intended Major:	Career Goal:
PARENT INFORMATION		
10. (Check One) Father: <input type="checkbox"/> Guardian: <input type="checkbox"/>		
Full Name:		
Mailing Address:		
Home Phone:	Cell Phone:	Work Phone:
Occupation/Title:		
Employer:		
Business Address:		
Phone:	E-mail:	Fax:
11. (Check One) Mother: <input type="checkbox"/> Guardian: <input type="checkbox"/>		
Full Name:		
Mailing Address:		
Home Phone:	Cell Phone:	Work Phone:
Occupation/Title:		
Employer:		
Business Address:		
Phone:	E-mail:	Fax:

Mail To:  
Flint Branch of the NAACP  
3455 Lippincott Blvd.  
Flint, MI 48507

## SCHOLARSHIP APPLICATION

12a. With whom do you live?

Full Name:

Address:

12b. Relationship:

PLEASE THOUGHTFULLY CONSIDER AND ANSWER THE FOLLOWING QUESTIONS  
USE ADDITIONAL PAPER IF NEEDED  
***ANSWERS MUST BE TYPED***

**15. ACADEMIC HONORS:** Please list any academic honors you have received in high school:


**16. ACTIVITIES:** Attach a list of all the extracurricular activities (church, school, and community) that you have been involved in over the past two years.


**17. LEADERSHIP:** Please list the leadership roles or positions you have held during high school.


Mail To:  
Flint Branch of the NAACP  
3455 Lippincott Blvd.  
Flint, MI 48507

**ESSAY QUESTION**

In a separate 800 – 1000 word essay written in 12 pt. Times New Roman font, **double-spaced**, including a header with your name and an attached cover page. Answer the following question, and submit with your application along with all supplemental materials. Each essay will be judged on grammar and content.

- What are your healthcare career aspirations, and why do you want to remain in the community after achieving your healthcare related endeavors?