



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

The scholarship awardees will be asked to attend and have one parent or guardian attend the 2024 NAACP Freedom Fund Awards Ceremony, (Date TBA). Before one can receive the award, he or she must have proof of being enrolled in an accredited college, university, or technical school.

Awards will be endorsed to the accredited college, university, or technical school for use by the awardee.

Applications must be received or postmarked by February 9, 2024

#### Submission Process:

Mailed /post marked: February 9th to The Hurley Foundation c/o Hurley Medical Center, One Hurley Plaza, Flint MI 48503, attention: Jamal Dozier

Scanned and emailed: Jamal Dozier  
at JDozier1@hurleymc.com

or

Dropped off at the front desk in the main lobby of Hurley Medical Center, One Hurley Plaza, Flint, MI 48503 between the hours of 9 am and 4 pm. Please address any envelopes dropped off at the main desk to Jamal Dozier.

The Hurley Foundation Scholarship Fund on behalf of Hurley Medical Center 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.

## The Hurley Foundation on behalf of Hurley Medical Center

### 2024 Scholarship Requirements



## THE HURLEY FOUNDATION SCHOLARSHIP APPLICATION

**APPLICATION MUST BE TYPED**

1. Full Name:

2. Permanent Home Address:

City:

State:

ZIP Code:

Telephone #:

Email Address:

3. U.S. Citizen: ☐ Yes ☐ 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: ☐ Yes ☐ No

College B:

Accepted: ☐ Yes ☐ No

College C:

Accepted: ☐ Yes ☐ 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: ☐ Guardian: ☐

Full Name:

Mailing Address:

Home Phone:

Cell Phone:

Work Phone:

Occupation/Title:

Employer:

Business Address:

Phone:

E-mail:

Fax:

11. (Check One) Mother: ☐ Guardian: ☐

Full Name:

Mailing Address:

Home Phone:

Cell Phone:

Work Phone:

Occupation/Title:

Employer:

Business Address:

Phone:

E-mail:

Fax:

12a. With whom do you live?

Full Name:

Address:



12b. Relationship:
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PLEASE THOUGHTFULLY CONSIDER AND ANSWER THE FOLLOWING QUESTIONS  
USE ADDITIONAL PAPER IF NEEDED  
***ANSWERS MUST BE TYPED***

**ANSWERS MUST BE TYPED**

[illegible]


[illegible]



### **ESSAY QUESTION**

In a separate 800 – 1000 word essay typed 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?