

## JAMES J. AND MAMIE R. PERKINS HEALTH PROFESSIONS SCHOLARSHIPS

The James J. and Mamie R. Perkins Health Professions Scholarships, established in 1990, are annual scholarships that are awarded to two graduating seniors of Pitt County Schools who are planning to major in a medically related field at East Carolina University or at Pitt Community College. One of the two scholarships will be available at East Carolina University renewable for four years when conditions for renewal are met. The second of the two scholarships will be at Pitt Community College renewable for two years when conditions outlined for renewal are met. The scholarship amount will vary from year to year, depending on tuition increases. Awards will be paid directly to the two institutions in the recipients' names. The scholarships are awarded on the following criteria:

1. The student must be accepted for admission at the institution (East Carolina University or Pitt Community College) through which they are seeking the scholarship.
2. The student must plan a medically related field. Should the student change into a field that is not specifically listed as an eligible area, the scholarship shall be forfeited and the student will be expected to repay any sums advanced.
3. Student applicant must be a graduate of a high school in Pitt County.

Financial need shall be a consideration. Student scholarship applicants should have exemplary academic records. They should show an interest in service by their school and community activities. Examples of positive leadership will carry substantial weight. A primary consideration, however, must be an evident dedication to a medically related profession.

The selection committee will be composed of representatives from Pitt Community College, Vidant Medical Center, East Carolina University College of Nursing, East Carolina University College of Allied Health, Perkins Distribution Committee, and Pitt County Educational Foundation.

It shall be the responsibility of the Pitt County Educational Foundation to initiate the application process each year. The Executive Director of the organization shall send out the application and information to all of the county high schools each year. Applications must be returned to the Foundation Office by a date to be announced. The students will be selected by May 15 of each year. The selection committee may choose to narrow the field of applicants to the top candidates and interview those top candidates individually before making their final decision. The committee may also choose to interview all applicants.

**(PLEASE TYPE)**  
**DUE TO SCHOOL COUNSELOR - APRIL 1ST**

SAT or ACT score: \_\_\_\_\_

12<sup>th</sup>

*(An attachment may be added for activities, honors, in addition to those above.)*

**Please attach the official school transcript of grades and ACT or SAT score.**

Please also attach a one-page statement by the applicant stating academic and career goals and any other information which might provide those on the selection committee with additional insight.

**FINANCIAL INFORMATION**  
**(This information will be held in strict confidence.)**

1. Please list any scholarship or financial aid which you have already been awarded:

\_\_\_\_\_

2. If there is a financial need that would make it difficult for applicant to attend college, that circumstance should be noted here \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Annual Income \_\_\_\_\_

4. Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Annual Income \_\_\_\_\_

5. Number of dependent children \_\_\_\_\_ Ages \_\_\_\_\_

6. Income from other sources \_\_\_\_\_

\_\_\_\_\_

7. Amount that family could pay toward the student's tuition (expenses) \_\_\_\_\_

8. Have you made application for any other scholarship or loan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT  
OF  
STUDENT AND PARENT**

I attest to the fact that I am a senior student at \_\_\_\_\_ High School in Pitt  
County. I plan to enter the following health professions field (specifically)

\_\_\_\_\_

I would like to be considered for this scholarship for the following (check one):

\_\_\_\_\_East Carolina University                      \_\_\_\_\_Pitt Community College

I have applied to the above college/university.                      \_\_\_\_\_yes       \_\_\_\_\_no

If you have been accepted to the college/university, please attach your letter of acceptance.

I understand that this scholarship will be awarded to the first alternate if I am not accepted or do not attend the institution checked above. I will forfeit all rights and claims to the James J. and Mamie R. Perkins Health Professions Scholarship if I should elect to change into a major that is not health care related. I understand that the amounts received pursuant to this scholarship are to be used for qualified tuition and related expenses and are limited to: tuition and fees required for enrollment, fees for books, supplies, and equipment required for courses of instruction as defined by the Internal Revenue Code of 1986, as amended. I also understand that any other use of the scholarship funds not specifically mentioned above will constitute 'gross income' to me and must be reported as such on my income tax returns.

I understand that each year of employment at ECU Health Medical Center or other health care agency in Pitt County, after my graduation from college will automatically cancel a one-year obligation for repayment. Two years of employment will cancel a two-year obligation and on to a four-year cancellation of the scholarship repayment for four years of employment at said agency. Should I not seek employment at ECU Health or other health care agency in Pitt County, I understand that this scholarship must be repaid starting nine months after I attend school. At that same point, the scholarship loan shall begin to accrue interest at an appropriate rate of no more than 10% as set by the selection committee and officials of the James J. and Mamie Richardson Perkins Trust Distribution Committee. The funds must be repaid to the James J. and Mamie Richardson Perkins Trust. It is my responsibility as the recipient to notify the Director of the Pitt County Educational Foundation as to my employment in Pitt County once I graduate.

I agree to participate in the interview if I am selected as a finalist and to abide by the final decision of the selection committee.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian