

**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 Vidant 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 Vidant Medical Center 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