

New River Health Scholarship

Purpose: To provide a scholarship of \$2,000 per year of schooling to one eligible applicant at EACH of the following: any high school student or graduate of Oak Hill High School in Fayette County, Nicholas County High School in Nicholas County, and Independence High School in Raleigh County.

Award: One scholarship disbursed over a higher education period (so long as the recipient maintains a 3.3 GPA and full-time student status each semester) will be awarded to a (1) person from each of the 3 locations listed (three people total) will be called to an interview and then will be selected by a portion of New River Health's Senior Leadership Team members and The New River Health Board of Directors after interviews have been conducted.

*The recipient of this award will also have an opportunity to apply for a Clinical or Dental Fellowship at New River Health following their completion of school depending on field of study.

Eligibility:

1. Applicant must be a senior or graduate from Oak Hill high school, Nicholas County high school or Independence high school.
2. Applicant must have at least a 3.0 GPA (unweighted)
3. Applicant must pursue a career in a medical or dental related field.
4. Applicant must demonstrate involvement within the school and community.
5. Applicant must submit ALL completed materials by the deadline (**Tuesday, March 11th of 2025**).

Application: *Please submit the following documents in a sealed envelope.*

1. Scholarship application
2. Scholarship essay
3. Two (2) letters of recommendations from educators or mentors

ENTRY REQUIREMENTS: Essay and Recommendation letters **must be typed**, double-spaced, in 12-point Times New Roman or an equivalent font, with numbered pages and one-inch margins.

Please submit the completed application and materials in a sealed envelope to the following address:

Kendra Lester
497 Mall Road
Oak Hill, WV 25901

by no later than **Tuesday, March 11th of 2025**. (Late applications will not be considered)

Any questions may be sent to Kendra.Lester@nrhawv.org

New River Health Scholarship Application 2025

All sections of this application must be completed.	
Last Name: _____	First Name: _____
Grade: _____	Preferred Identity: _____
School ID: _____	
Class Rank: ____ / ____ GPA: Weighted _____ Unweighted: _____	
Counselor Signature: _____	
Mailing Address:	
Street: _____	
City: _____	State: _____ ZIP: _____
Daytime Telephone Number: () _____	
Email Address: _____	
Date of Birth: Month Day Year	
College, university, or vocational training of choice to attend in the Fall of 2025:	Preferred Field of study:

CLUBS, ACTIVITIES, and ACHEIVEMENTS

Club/Activity/Achievement Name	Year(s) involved (<i>Fr., Soph., Jr., Sr.</i>)

A. The following items must be attached to this application form in order to establish your eligibility and to be reviewed by the scholarship committee.		
B. Circle "YES" or "NO" to confirm you have attached each item as required.		
YES	NO	Scholarship Application Form completed in its' entirety. <i>(incomplete applications will not be considered)</i>
YES	NO	Two (2) Letters of Recommendation. Letters should be written and signed by educators or a mentor with significant knowledge of the applicant's academic achievements.
YES	NO	Completed Application Essay

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if I am chosen as a scholarship winner the money would be used to cover my academics at the post-secondary school of my choice.

Signature of applicant's parent/guardian: _____ Date: _____

Signature of scholarship applicant: _____ Date: _____

NEW RIVER HEALTH SCHOLARSHIP

Scholarship Application – Letter of Recommendation Form

I. TO THE APPLICANT (complete this section – please print)

(Name: Last First Middle)

II. TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION (complete this section)

Over what period of time have you known this applicant?

In what capacity?

Please rate the applicant by placing a check mark in the appropriate classification on the following chart:

<i>Characteristic</i>	<i>Outstanding (top 5%)</i>	<i>Significant (top 10%)</i>	<i>Adequate (average)</i>	<i>Insufficient (below average)</i>	<i>Not Known</i>
Work ethic					
Maturity					
Willingness to succeed					
Teachable					
Self-Initiating					
Works well with others					
Communication skills					
Agreeable attitudes					
Reliability					
Adaptability					

Do you recommend this applicant for consideration?

YES _____ NO _____

Please comment on candidate's strengths and weaknesses:

Why you feel this student deserves this scholarship:

Name: _____ Position and/or title: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Do not return to applicant. Please mail directly to Kendra Lester at New River Health 497 Mall Rd Oak Hill, WV 25901

NEW RIVER HEALTH SCHOLARSHIP

Scholarship Application – Letter of Recommendation Form

III. TO THE APPLICANT (complete this section – please print)

(Name: Last First Middle)

IV. TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION (complete this section)

Over what period of time have you known this applicant?

In what capacity?

Please rate the applicant by placing a check mark in the appropriate classification on the following chart:

<i>Characteristic</i>	<i>Outstanding (top 5%)</i>	<i>Significant (top 10%)</i>	<i>Adequate (average)</i>	<i>Insufficient (below average)</i>	<i>Not Known</i>
Work ethic					
Maturity					
Willingness to succeed					
Teachable					
Self-Initiating					
Works well with others					
Communication skills					
Agreeable attitudes					
Reliability					
Adaptability					

Do you recommend this applicant for consideration?

YES _____ NO _____

Please comment on candidate's strengths and weaknesses:

Why you feel this student deserves this scholarship:

Name: _____ Position and/or title: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Do not return to applicant. Please mail directly to Kendra Lester at New River Health 497 Mall Rd Oak Hill, WV 25901

New River Health Scholarship Application Essay

***Please have your essay typed in times new roman and 12pt font. Follow this guide to complete your essay.**

First, Last Name:

Address:

Phone Number:

Date:

Dear Scholarship Selection Committee,

My name is _____ and I am applying for the New River Health Scholarship.

I am

(Use this paragraph to tell your reader basic information about yourself and why you are applying for this particular scholarship. Tell them about you, your family, your background and anything else that may be of interest to your recipient.)

During my high school years, I

(Use this paragraph to tell the reader about some of the classes you have taken and your extra-curricular clubs, sports, and activities. Mention your hobbies, outside interests and any job or volunteer experience that you may have. You may want to mention any valuable experience you have gained from a particular volunteer effort.)

My plan for my future is

(Use this paragraph to tell your reader about your plans for the future, as they apply to the scholarship. Mention the school that you have your eyes on and what you intend to study. What are you passionate about and did it help you pick your field of study? Are you going to go to seek a job and go to school at the same time? What are your plans for after college? Most importantly, describe why you need the scholarship money. How will this scholarship help you?)

Thank you for considering my application.

(Please be sure to have all your required documents: scholarship application, scholarship essay, and 2 letters of recommendation from educators or mentors)

Sincerely,

Sign name: _____

Print Name: _____