

# THE COMMUNITY FOUNDATION OF BURKE COUNTY

## THE STIFF SCHOLARSHIP

### DESCRIPTION

Dr. Olin Stiff practiced family medicine at Valdese General Hospital for more than forty years, delivering more than 8,000 babies and assisting in surgery on a daily basis. Mrs. Stiff assisted Dr. Yates Palmer in surgery for two years before the Stiffs started their family. Both were graduates of the Medical College of South Carolina at Charleston.

By establishing an endowment with the Community Foundation of Burke County, the Stiff Scholarship offers assistance to Burke County residents who are committed to completing a four-year degree in Nursing.

### ELIGIBILITY

Two scholarships will be offered each to year to a resident of or employed in Burke County or a past scholarship recipient. The Scholarship will be awarded without regard to race, creed, sex, ethnic background or handicap. The Stiff Scholarship offers assistance to Burke County residents who are committed to completing a four-year degree in Nursing.

### CRITERIA

- 1<sup>st</sup>. Resident of or employed in Burke County
- 2<sup>nd</sup>. Committed to complete a four-year degree in Nursing
- 3<sup>rd</sup>. Financial need
- 4<sup>th</sup>. Strong work ethic
- 5<sup>th</sup>. Preference will be giving to applicants planning to work in Burke County after attaining their degree.

A past Stiff Scholarship recipient may submit an application for renewal of the scholarship, if the recipient has maintained a 3.0 GPA within the 4.0 grading system and has maintained satisfactory academic progress. Renewal applications must be sent to BRHCV and received by February 1<sup>st</sup>.

### SELECTION PROCESS

The Blue Ridge HealthCare Volunteers (BRHCV) Scholarship Committee will review all applications for the Stiff Scholarship received by the deadline and recommend the recipient(s) to the Community Foundation of Burke County. The Scholarship Committee of the Community Foundation of Burke County will review all nominees and make its recommendation to the Board of Directors. The Board of Directors of the

**If you are a graduating senior, please submit completed application to the BRHCV by March 1<sup>st</sup>.**

**If you are applying for a renewal of this scholarship, please submit a completed renewal application to BRHCV by February 1<sup>st</sup>.**

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Community Foundation of Burke County shall give final approval to the nominees who are awarded the scholarship.

### **PAYMENT OF AWARDS**

Payment of scholarship awards will be made directly to the college or university, in accordance with financial policies established by the Board of Directors of the Community Foundation of Burke County.

### **Application Requirements**

In order to apply for the scholarship, the applicants must provide the following information to the BRHCV Scholarship Committee by 5:00 PM (if emailed) or postmarked (if mailed) by no later than March 1<sup>st</sup>:

1. Completed application form
2. High school/college transcript
3. Copy of provisional acceptance by an accredited college or university
4. Copy of FAFSA or W-2 for previous year
5. Three letters of recommendation (not from family members)

Mail completed applications to:

The Stiff Scholarship  
C/O Mr. Freddie Setzer, Blue Ridge HealthCare Volunteers  
P.O Box 2502  
Drexel, NC 28619

**If you are a graduating senior, please submit completed application to the BRHCV by March 1<sup>st</sup>.**

**If you are applying for a renewal of this scholarship, please submit a completed renewal application to BRHCV by February 1<sup>st</sup>.**

THE COMMUNITY FOUNDATION OF BURKE COUNTY  
THE STIFF SCHOLARSHIP APPLICATION

*Please read each entire section before completing the application.*

APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle "Goes By"

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State or Country): \_\_\_\_\_

High School: \_\_\_\_\_  
School Name School Phone Number

***Please include a transcript with your application.***

FAMILY INFORMATION

(List first, the parent/guardian you live with most, if you are still living with your parents or a guardian)

Parent/Guardian 1: \_\_\_\_\_  
First Name Last Name Work Phone #

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  
First Name Last Name Work Phone #

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Household: (check one) Single Parent: \_\_\_\_\_ Two Parent: \_\_\_\_\_ Living Independently: \_\_\_\_\_

Number of People Living In Household: \_\_\_\_\_

Check if Applicable: ( ) Father Deceased ( ) Mother Deceased ( ) Parents Separated ( ) Parents Divorced

***Please include a completed copy of FAFSA OR W-2 for previous year with your application.***

Parent Education Levels:

- Mother a) High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ b) Four-year College Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_
- Father a) High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ b) Four-year College Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_

List names and ages of brothers & sisters living at home or in college who are dependents of parent (s) or guardian (s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

NAME \_\_\_\_\_

**SCHOOL ACTIVITIES**

In the space provided below or on a separate page, please list extracurricular activities in which you have participated during the past four years of high school. If currently attending college or graduate school, attach a list of the extracurricular activities that you have been involved in since entering college. Include clubs, sports, student government, fine arts, etc. **If you are a renewal applicant, please attach a sheet listing the school activities you have been engaged in since entering college.**

ACTIVITY	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

**COMMUNITY & PERSONAL ACTIVITIES**

In the space provided below or on a separate page, list community, church/synagogue and personal activities in which you have participated during the past four years of high school. If currently attending college or graduate school, attach a list of the community, church/synagogue and personal activities in which you have participated since entering college. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time. **If you are a renewal applicant, please attach a sheet listing the community and personal activities you have been involved in since entering college.**

ACTIVITY	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

**WORK EXPERIENCE**

In the space provided below or on a separate page, please list any work experience (including self-employment) you have had during the past four years. Include summer jobs as well as employment during the school year. Complete this information beginning with your most recent work experience.

EMPLOYER – Contact Person & Phone	Position	Dates Employed	Hours/Week

NAME \_\_\_\_\_

**COLLEGE/UNIVERSITY INFORMATION (FOR THOSE PLANNING TO ATTEND COLLEGE FOR THE FIRST TIME)**

What major(s) would you like to pursue? \_\_\_\_\_

Please complete the following information for your top three college choices.

1. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

2. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

3. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

**Attach copies of provisional acceptances that you have received from an accredited college or university.**

**COLLEGE/UNIVERSITY INFORMATION (FOR THOSE CURRENTLY ENROLLED IN COLLEGE)**

What major are you pursuing? \_\_\_\_\_

Please list the colleges you have attended and/or are currently enrolled in:

1. College/University/City/State: \_\_\_\_\_

Class Status: \_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      Years Attended: \_\_\_\_\_

2. College/University/City/State: \_\_\_\_\_

Class Status: \_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      Years Attended: \_\_\_\_\_

3. College/University/City/State: \_\_\_\_\_

Class Status: \_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      Years Attended: \_\_\_\_\_

**RECOMMENDATIONS**

Please make copies of the attached form and submit no more than three (3) recommendations from a teacher or school official, a club or community sponsor/advisor or any non-family member. All recommendations should be on the attached form and returned to the scholarship committee in a sealed envelope with signature across the seal.

**OTHER AWARDS**

Please list below or on a separate page the name, amount and status of any grants or scholarships for which you have applied for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

Please notify the Community Foundation of Burke County office of any grants or scholarships you receive after you submit this application.

**CERTIFICATION**

In voluntarily submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I give my permission to this Scholarship Selection Committee, the Community Foundation of Burke County Scholarship Committee, the Directors of the

Community Foundation of Burke County and the Community Foundation of Burke County staff to release information contained in this application for the purposes of determining and publicizing scholarship awards.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

- **Before submitting this application, please make a copy for your records.**
- **Insert all attachments inside the application and clearly indicate your name on the top right corner of all attachments.**
- **Do not use staples, since applications must be copied.**

**If you are a graduating senior, currently attending college or in graduate school, please mail a completed application to the BRHCV Scholarship Committee by March 1<sup>st</sup>.**

**If you are a renewal applicant, please return a completed application to the BRHCV Scholarship Committee by February 1<sup>st</sup>.**

For more information, contact:

The Community Foundation of Burke County ~ Telephone: (828) 437-7105 ~ E-mail: [nwtaylor@cfburkecounty.org](mailto:nwtaylor@cfburkecounty.org)

# The Stiff Scholarship Recommendation Form

Student's Name: \_\_\_\_\_

*Please note that family members may not be used as references.*

1. How long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
2. In your opinion, will receiving this scholarship make the difference in allowing this student to attend college?
  
  
  
  
  
  
  
  
  
  
3. Comment on this student's character, academic ability and potential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Relationship

**Please return this form to the BRHCV Scholarship Committee in a sealed envelope with the signature across the seal.**