



The Bates Scholarship

In Honor of Jesse J. Bates, M.D.

1. Applicant must be a graduating high school senior in Sentara Halifax Regional Hospital's service area. *Please provide a current transcript from high school.*
2. Applicant must have applied to at least one college with intention of pursuing a career in a Medical or Healthcare related field. Acceptance letters should be submitted if applicable.
3. Applicant should possess good character, described by two letters of recommendation. At least one of the letters should be submitted by a teacher, professor, or guidance counselor.
4. Applicant must submit a 250 word (maximum) essay describing goals, college plans, future plans, and financial need.
5. Applicant must submit a COMPLETE application with required FAFSA information. *(Incomplete applications will not be accepted).*
6. Application will consist of area(s) to note extracurricular activities, current employment, and financial situation.
7. Scholarship awards will be awarded based on financial need, academic achievement, extracurricular activities, and character. This is a one-time award and recipients will not be eligible for additional funding from The Bates Scholarship Program.
8. Checks will be made payable to the institution once a letter of acceptance has been received by the Bates Scholarship Coordinator. The funds may be used for education related expenses such as tuition, books and lab fees.
9. Applications must be turned in by **5pm on April 5th, 2019** to be considered for award. Please submit applications to **Bates Scholarship Coordinator, Nursing Administration, Sentara Halifax Regional Hospital, 2204 Wilborn Avenue, South Boston, VA 24592**
10. Sentara Halifax Regional Hospital reserves the right to use recipient's name and/or picture in news releases and other public relation efforts to promote the scholarship.

I have read the above guidelines for The Bates Scholarship and agree to the terms.

Signature of Applicant

Date



The Bates Scholarship Application

In Honor of Jesse J. Bates, M.D.

Name: _____ Date: _____

Address: _____

Email Address: _____

Phone: _____ Social Security Number: _xxx-xx-_____

Date of Birth: _____ Age: _____ Present High School: _____

County of Residence: _____

List in order of preference the colleges or other educational institutions where you have applied:

Name of Institution	Address	Accepted	
		Yes	No
_____	_____ _____	____	____
_____	_____ _____	____	____
_____	_____ _____	____	____

Anticipated Field of Study: _____

List extracurricular activities: _____

Forms must be completed and returned by **5pm on March 30th, 2018** with the following attachments:

- A 250 word (maximum) essay describing goals, college plans, future plans, and financial need
- Two letters of recommendation. At least one should be from a teacher or guidance counselor
- **A copy of complete FAFSA with EFC**