



## The Jim and Sue Bernstein Health Center Dependent Scholarship Application

The Jim and Sue Bernstein Scholarship commemorates the late Jim Bernstein, a national rural health pioneer who, for more than 30 years, led North Carolina's efforts as a model of innovation for the community driven care of low-income, under-served and vulnerable NC residents. The scholarship also honors Sue Bernstein, Jim's wife and partner for 40 years, a former teacher and returning Peace Corps volunteer, who continued to work with school-age and college students as a tutor, mentor, friend and advisor.

To apply for a Jim and Sue Bernstein Scholarship, please complete this application form, attach all required documents, and submit the full application to Nel Edwards at the Foundation for Health Leadership & Innovation. Use additional pages as necessary. Applications may be submitted electronically to [nel.edwards@foundationhli.org](mailto:nel.edwards@foundationhli.org), or by USPS (2401 Weston Parkway, Suite 203, Cary, NC 27513). The deadline for submitting applications is **5:00 PM, May 16, 2022** for course work to be completed by June 2023.

If selected for a scholarship, scholars will be required to submit additional information, including their Student ID Number, to FHLI. All payments will be made directly to the institution in which scholars are enrolled. Scholars will also be asked to provide permission to include information about their experience and how they benefited from the scholarship program, which will be posted on FHLI's website.

Scholarships of \$250-\$2,000 per academic year are available. Level of funding depends on applicant pool, need, and factors determined by the Jim Bernstein Health Leadership Fund advisory committee.

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**List of required application materials:** *A full application consists of the following items.*

1. A **letter of nomination from Center Director** of eligible nonprofit, community-based health center. Each center is given a set of guidelines for making their nominations.
  2. **Completed application** (this document).
  3. One **letter of recommendation** from a teacher or adult (not a relative) who knows the applicant.
  4. **Current transcript** from current school, and transcripts from any/all postsecondary schools attended. If the applicant has not yet attended a full year of postsecondary study, please send a high school transcript. Copies are acceptable; originals or official reports are not needed.
  5. **Signature** on the affirmation at the end of the application.
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### Application

Applicant Name:

Full Home Address:

Phone Number:

Birth date MM/DD/YY:

Email address:

Name of Nominating Health Center:



## **The Jim and Sue Bernstein Health Center Dependent Scholarship Application**

Name of Employee at Nominating Health Center:

Relationship of Health Center Employee to Nominated Dependent:

Employee's Start Date (MM/YY) at Nominating Health Center:

Employee's Current Job Title:

If the Applicant is currently attending school (Spring 2022), list school name and address:

Current cumulative grade point average at this school or institution:

If applicable, please list all post-secondary schools (universities, community colleges, etc.) attended; include name of school, class standing achieved (1<sup>st</sup> year, 2<sup>nd</sup> year, etc.), and cumulative GPA:

School to-be-attended with scholarship funds (Fall 2022); list name and address:

Class standing at this school in Fall 2022:(e.g. Freshman, Sophomore, etc.)

Applicant's declared major(s) or anticipated focus of study:

Current estimated cost of tuition and required fees per academic year (cost of tuition and fees minus the amount you are confirmed to receive from other scholarships):

**For the following prompts, please attach additional pages if necessary.**

Applicant's community service and/or work experience:



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Applicant's awards/honors:

In 250-300 words, please explain your academic and career goals, and how your family, community, and past experiences have shaped your goals.

In 50-100 words, please explain how receiving this scholarship would impact your goals.

**Signed Affirmation (required)**

I affirm that the information in this application is true. I understand that failure to be truthful in the application will lead to the forfeiture of any awarded scholarship and will require repayment of any scholarship already paid.

Signature:

Date:

**Deadline to submit full application is 5:00 PM, May 16, 2022.**