



## The Jim and Sue Bernstein Health Center Employee 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 community-driven care for 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, or by USPS (2401 Weston Parkway, Suite 203, Cary, NC 27513). The deadline for submitting applications is **5:00PM, 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 to FHLI, including their Student ID Number. 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, to be posted on FHLI's website.

Scholarships of \$250-\$2,000 per academic year are available. The level of funding depends on the applicant pool, student need, and factors determined by the Jim Bernstein Health Leadership 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. **Current transcript** if already enrolled in post-secondary education. Copies are acceptable; originals or official reports are not needed.
  4. **Signature** on the affirmation at the end of the application.
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### Application

Applicant Name:

Birth Date: MM/DD/YY

Full Home Address:

Phone Number:

Email Address:

Current Job Title:

Name of Nominating Health Center:

Employment Start MM/YY:



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If 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.) previously 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.**

In 250-300 words, please explain your academic and career goals, and how past experiences and your experience in working at a rural health center have shaped your goals.



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*(Additional space to continue response from previous page)*

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.**