



The Jim and Sue Bernstein Health Center Re-Applicant 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, or by USPS (2401 Weston Parkway, Suite203, 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 second scholarship award, scholars will be asked to confirm their Student ID Number and confirm permission to include information about their experience in the Scholarship Program on the Foundation’s website. All scholarship payments will be made directly to the institution in which scholars are enrolled.

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 advisory committee.

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. Spring semester survey which is being sent directly to current scholars. (Re-applicants must have already submitted the Fall semester survey in order to be eligible for a second scholarship award.)
 4. Current transcript from current school, including Spring semester grades. 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 Type (check one):

Health Center Employee

Dependent of Health Center Employee

Name:

Full Address:

Phone Number:

Email Address:

Name of Nominating Health Center:



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

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 prompt, please attach an additional page if necessary.

In 150-200 words, please confirm your academic and career goals, and how your recent experiences have changed and/or re-affirmed 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.