



Application Instructions

1. Review guidelines for eligibility and note deadline.
2. Complete the application. Every question must be answered and all required documentation provided.
3. Read and sign the application agreement.
4. When in doubt, call the FLMC Scholarship Coordinator @ 865-271-6504 for clarification.
5. Email or drop off your completed and signed application to the address provided below so it is received no later than 4 p.m. on Friday April 5, 2024.

Please return this form to:

Fort Loudoun Medical Center * Administrative Offices Suite 208

550 Fort Loudoun Medical Center Drive * Lenoir City, TN 37772

Or email to Tmclain@covhlth.com

Applications might not be considered if received after the deadline

Guidelines for Eligibility

1. Applicants must be seniors enrolled in the Loudon County or Lenoir City School Systems and must be **residents** of Loudon County. Students enrolled in technical tracks within these schools may also apply.
2. Applicants must intend to apply and enroll in a college, university or technical school by the fall semester of 2024. Applicants must be enrolled by August 1, 2024 to receive funds.

Deadline

Applications must be received no later than 4 p.m. on Friday April 5, 2024.



Fort Loudoun Medical Center Scholarship Program

MUST BE TYPED OR COMPLETED NEATLY IN BLACK INK

1. Student Information

Name: _____

Address: _____

City: _____ ST _____ Zip _____

Home Phone _____ Cell Phone: _____

E-Mail _____

Name of High School _____

Most recent G.P.A.: _____ SAT score _____ or ACT score _____

2. Involvement (use separate sheet of paper if needed)

Have you **volunteered** at Fort Loudoun Medical Center? Yes No

If yes, what dates:

Have you **worked** at Fort Loudoun Medical Center? Yes No

If yes, what dates:

Have you worked while in high school? Please describe (employer, number of hours, dates of employment).

Describe any community or school involvement and/or extracurricular activities.

List any honors or awards you have received.

List Community Service/ Volunteer Hours.

3. College/University Information

Have you been accepted to a college, university or technical school or your choice? (circle one)

Yes

No

Maybe

If Yes, do you plan to attend by Fall 2024? (circle one) Yes No Maybe

If maybe, when do you expect to hear if you've been accepted?

What is the name and address of the institution you plan to attend or would like to attend?

Name: _____ Student ID# _____

Student Services Address: _____

City: _____ ST: _____ Zip: _____

Under what field of study will you be enrolling? _____

4. Additional Information

To be considered, you must provide the following attachments:

- 1) A one to two -page summary describing your educational goal and your reason for applying for this scholarship. We request typed responses.
- 2) School transcript.
- 3) Two letters of recommendation (one personal and one academic).

5. Application Agreement

I understand recipients are selected by a committee which will review each application for scholarship funds, community/work involvement, grades and interest in healthcare careers. Scholarship money from Fort Loudoun Medical Center/Covenant Health 1) is paid directly to the institution of higher learning specified by the scholarship recipient; 2) can be used for tuition, books, academic fees, or room and board; 3) must be returned if I do not attend the specified institution during the 2024-2025 academic year; 4) must be returned if not used in its entirety for the above-mentioned uses. If only a portion is spent for approved uses, then only the balance must be returned. FLMC does not allow any direct distribution of funds to the student recipient.

The information I have provided in this application is true. I understand that if any of the information provided in the application has been falsified my application will be automatically void.

Applicant Signature

Date

Parent/Guardian Signature

Date

**Please return completed application to
Fort Loudoun Medical Center - Attention: Tami McClain (Scholarship Coordinator)**

**550 Fort Loudoun Medical Center Drive - Suite 208 Administration
Lenoir City, TN 37772**

Or email to: Tmcclain@covhlth.com

Deadline: 4 p.m. on Friday April 5, 2024

Incomplete applications might not be considered if received after deadline.