



Volunteer Scholarship Application

All completed materials are due to the Volunteer Office by Friday, March 28, 2025.

To be eligible for the volunteer scholarship, you must be a current junior volunteer, hospital employee, adult volunteer, or dependent child of a hospital employee, who is pursuing or continuing your education in a healthcare related field.

I am a (please check all that apply):			
<input type="checkbox"/> Volunteer		<input type="checkbox"/> Hospital Employee	
<input type="checkbox"/> Dependent child of Hospital Employee			
First Name		Middle Name	Last Name
Street Address			Apt
City		State	Zip
Home Phone		Cell Phone	
Email Address			
Department in which you (or your parent) work at LeConte			
Duration of employment/volunteering			
Supervisor name			

This scholarship requires three references – these references CANNOT be family members

Please ask each reference to complete the attached letter of recommendation.

References must be complete by the application deadline of March 28, 2025.

Reference 1 Name		Phone Number
Reference 2 Name		Phone Number
Reference 3 Name		Phone Number

Employment History

Company 1	Date began	Date ended
Company 2	Date began	Date ended
Company 3	Date began	Date ended

Education Background

Highest education achieved:
<input type="checkbox"/> High School/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate/Post-Doctorate
<i>Graduating high school seniors please attach a transcript or copy of your last grade report.</i>

Community Activities

Please list any community involvement (i.e. church-related activities, school-related, volunteering, etc.)

List any Special Interests, Skills & Hobbies

Awards, Honors & Leadership Positions

Please list any of these you have received or held in the past 4 years

Have you ever been convicted of a felony or misdemeanor? Yes No

If you answered "Yes" to the above question, please explain and provide dates.

School or program you plan to attend

Approximate cost per semester

Beginning Date

Please attach a typed essay of 200 words or less describing how these scholarship funds would further your goals and future through additional education.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I also realize that all submissions are subject to verification. I am authorizing the release of my name and photo for use and disclosure by LeConte Medical Center in connection with promotional purposes related to the Volunteer Scholarship Program.

Applicant Signature _____

Date _____

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Completed applications can be mailed to Volunteer Services, 742 Middle Creek Road, Sevierville, TN 37862, dropped off to the Volunteer Services office at LeConte Medical Center, or emailed to mbundren@covhlth.com.