

Scholarship Overview

The ECU Health Scholarship, funded by ECU Health, supports students who have demonstrated dedication to health sciences through coursework, service, leadership, and participation in HSA activities. This scholarship is open to all Health Science Academy (HSA) seniors, regardless of class ranking or Ambassador status.

Purpose: To recognize and support HSA students pursuing degrees in healthcare-related fields.

Funding: Students may receive up to \$2,000 in scholarship support.

Eligibility Requirements:

- Must be a current HSA student.
- Must intend to pursue a degree in a health sciences or healthcare-related field.
- Must have successfully completed HSA coursework.
- Must be an HSA senior in good standing

Completion Expectations:

- Submit all required documentation.
- Participate in an interview if selected as a finalist.
- **Application Due Date: March 13th, 2026, by 11:59pm**
- Scholarship recipients will be notified via email and recognized at an HSA event or school award ceremony.

Submission Checklist for Students

Before you submit your application, make sure you have:

- Filled out the entire application form (print, complete, and scan as a PDF)
- Scanned the full application into one clear electronic file (you may use your phone to scan as a PDF*)
- Scanned all required documents (they may be sent separately if needed):
 - Acceptance letter*
 - Resume or CV (if needed) *
 - Transcript*
 - Two letters of recommendation*
 - Personal statement (written or video link)
- Checked that all scanned documents are clear and easy to read
- Used your first and last name in the email subject line for all documents
- Sent the email to the correct submission address RodgerL@pitt.k12.nc.us

This checklist helps ensure your application is complete and reviewed without delay. Incomplete applications will not be accepted.

Personal Information

Name: _____

Address: _____
City, State, Zip: _____
Preferred Phone Number: _____
Preferred Email: _____
Secondary Email: _____

Eligibility and Education

High School Name: _____
Expected Graduation Date: _____

Are you a current Health Science Academy (HSA) Student?

- Yes No

Have you ever served as an HSA Ambassador (any year)?

- Yes No

Are you planning to pursue a degree in Health Sciences or another healthcare-related field?

- Yes No

Which college or university do you plan to attend, and in which semester and year will you begin?

What is your current Grade Point Average (GPA)?

- o Unweighted GPA (4.0 scale): _____
- o Weighted GPA (if applicable): _____

How many courses from the HSA Curriculum Sheet have you completed? *(Students must complete at least 6 to be considered HSA Graduates.)*

How many HSA events have you participated in? *(Final event count will be verified by the HSA office.)*

How many volunteer hours do you have on record with HSA? *(Final hours will be verified by the HSA office.)*

Required Attachments

- Letter of acceptance into community college or university
- Copy of resume or CV (if applicable)
- Copy of your most recent transcript (must include your name and school; unofficial transcripts are acceptable).
- Two letters of recommendation
 - One from an educator
 - One from a supervisor at a place you have volunteered
- Personal Statement

Submit **ONE** of the following formats:

- Written Statement (500 - 750 words):
Share what your journey in the Health Science Academy has meant to you, explain how service has shaped your leadership, why you've chosen to pursue your degree or profession, and how this scholarship will support your future and long-term career goals.
- Video Statement (up to 3- 5 minutes):
Introduce yourself, share what your journey in the Health Science Academy has meant to you, explain how service has shaped your leadership, why you've chosen to pursue your degree or profession, and how this scholarship will support your future and long-term career goals. Creativity is encouraged.

Interview Requirement

Finalists for this scholarship will participate in a scheduled interview with the review committee. Interview details will be sent via the email addresses provided.

Acknowledgements

- I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in disqualification or repayment obligations.
- I understand that the information provided will be used solely for scholarship administration and will be handled in accordance with applicable privacy policies.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date (MM/DD/YYYY): _____