

**CAPE FEAR VALLEY HOSPITAL AUXILIARY  
HEALTH CARE CAREER SCHOLARSHIP  
EMPLOYEE APPLICATION  
For 2018**

**PLEASE PRINT**

NAME \_\_\_\_\_  
Last First Middle

Home Address Street City State Zip Code

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address \_\_\_\_\_

Area of Employment: \_\_\_\_\_

What health related courses have you taken? \_\_\_\_\_  
\_\_\_\_\_

What is your health career goal? \_\_\_\_\_  
\_\_\_\_\_

Name of Accredited North Carolina Educational Institution you plan to attend: \_\_\_\_\_

SPECIAL HONORS (Most recent first)	PRESENTED BY	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

**All completed applications must be received by March 5, 2018 in the Volunteer Services Office at Cape Fear Valley Medical Center, 1638 Owen Drive, Fayetteville, NC 28304; Attention: Catherine Wilt, Scholarship Chair**