



## **The Robin Hardy Hodgin Scholarship Fund Application**

**Deadline: March 28, 2025**

In honor of an esteemed colleague who exemplifies the positive traits and characteristics of a superb healthcare leader, Northern Regional Hospital has established The Robin Hardy Hodgin Scholarship Fund. This scholarship program is designed to help jumpstart the careers of students destined to become quality caregivers.

This fund will award monies to deserving students seeking a career in **nursing** or **allied health**. Eligible students will reside within our hospital service area and possess a desire to utilize their skills and talents to serve their community at Northern Regional Hospital.

We desire to partner with students and their families in this way to help ensure our ability to provide safe and high quality care to patients and further exemplify the Hospital's longstanding commitment to giving back to our surrounding communities.

**Note:** Preference will be given to students desiring to attend a local community college.

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We are committed to selecting two eligible students from one or more of the supported high schools with a one-time \$5,000 award to cover the cost of tuition, books, or supplies.

**Supported high schools are:**

East Surry High School  
Surry Central High School  
Elkin High School  
Patrick County High School  
Surry Early College High School

North Surry High School  
Mount Airy High School  
Carroll County High School  
Millennium Charter Academy

**Requirements:**

To be considered, the applicant:

- Must be a resident of Surry, Carroll or Patrick County and/or attend one of the supported high schools listed.
- Will complete the 12<sup>th</sup> grade and will have received a high school diploma by the end of the 2024-2025 school year.
- Must take sufficient hours to be considered a full-time student at their college of choice.
- Must complete the application packet by the noted deadline. This packet will contain:
  - A signed and fully completed application.
  - A copy of their most recent certified high school transcript and SAT or ACT scores.
  - A copy of a current FAFSA form.
  - A letter of acceptance for the fall semester from a community college, college, or university on the institution's official letterhead.
  - Two letters of recommendation from a teacher(s) and/or guidance counselor.
  - A one-page essay stating their passion for healthcare.

**No incomplete or late applications will be considered. All applications must be received by March 28, 2025.**

**Funding:**

Scholarships will be awarded at the student's high school awards program each spring, if possible. All awards by the Scholarship Committee will be provided directly to an accredited college or university in the name of the scholarship recipient. **Payment will be made available in the fall semester of the award year.**

**Completed applications should be mailed to:**

Northern Regional Hospital  
Attn: Tina Beasley  
P.O. Box 1101  
Mount Airy, NC 27030



# NORTHERN

REGIONAL HOSPITAL

## THE ROBIN HARDY HODGIN SCHOLARSHIP APPLICATION

| APPLICANT INFORMATION                 |  |            |       |      |        |  |        |
|---------------------------------------|--|------------|-------|------|--------|--|--------|
| Last Name                             |  | First Name |       | M.I. |        |  |        |
| Street Address                        |  |            |       |      | Apt #  |  |        |
| City                                  |  |            | State |      | Zip    |  | County |
| Phone                                 |  | Email      |       |      | D.O.B. |  |        |
| What school will you be attending?    |  |            |       |      |        |  |        |
| What course of study will you pursue? |  |            |       |      |        |  |        |

| EDUCATION & EXTRACURRICULAR ACTIVITIES                                 |  |                                  |  |
|--|--|----------------------------------|--|
| High School  |  | Address                          |  |
| From   |  | To (or expected graduation date) |  |
| List any extracurricular activities or clubs you participate in below: |  |                                  |  |
|  |  |                                  |  |

| <b>CURRENT EMPLOYMENT</b>   |  |                                 |  |
|-----------------------------|--|---------------------------------|--|
| Are you currently employed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                 |  |
| Company                     |  | Start Date                      |  |
| Address                     |  |                                 |  |
| Phone                       |  | Supervisor                      |  |
| Job Title                   |  | May we contact your Supervisor? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| <b>DISCLAIMER &amp; SIGNATURE</b>  |  |      |  |
|--|--|------|--|
| I certify that I have read and understand the requirements listed in this document and my answers are true and complete to the best of my knowledge. If this application leads to an awarded scholarship, I understand that false or misleading information may result in my disqualification. |  |      |  |
| Signature  |  | Date |  |