****

**SURF PEDIATRIC FOUNDATION (SPF) SCHOLARSHIP**

The Surf Pediatric Foundation Scholarship is designed for the 2021 graduating seniors in the local community, including Dare County and Currituck County schools. This scholarship will be offered to a high school senior who will be pursuing an education and/or occupation in the healthcare field. A $1,000 scholarship will be given to one high school senior from each of the following schools: First Flight High School, Manteo High School, Cape Hatteras Secondary School and Currituck High School. This scholarship is not renewable.

**Selection criteria:**

1. Must be a high school senior

2. Must plan to pursue a healthcare-related field and/or occupation

3. Must be enrolled in Dare County or Currituck County School

4. The award is based on:

Scholastic standing, (3.0 GPA or higher)

Community and Scholastic Achievement

Leadership Qualities

Recommendation and Essay/Answer

**Packet Includes:**

1. Application Form

2. Resume including school organizations, athletics, and activities you have participated in; any honors you have received during high school years; work and volunteer experience, especially related to future career goals; and involvement in community activities

3. 2 Letters of recommendation

4. Unofficial transcript (or equivalent)

5. One page, single spaced, typed essay that responds to each of the following questions:

* Your motivation for your chosen career/occupation and/or future academic studies
* What life lessons have you learned during the COVID-19 pandemic?

 **SCHOLARSHIP APPLICATION FORM**

(Attach additional pages to this application as needed)

APPLICANT’S NAME:

ADDRESS:

DATE OF BIRTH:

HOME PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT LIVES WITH:

FATHER/GUARDIAN’S NAME:

ADDRESS (IF DIFFERENT FROM APPLICANT):

TELEPHONE NUMBER:

FATHER’S EDUCATION:

FATHER’S EMPLOYMENT WITH ADDRESS & TELEPHONE #:

MOTHER/GUARDIAN’S NAME:

ADDRESS (IF DIFFERENT FROM APPLICANT):

TELEPHONE NUMBER:

MOTHER’S EDUCATION:

MOTHER’S EMPLOYMENT WITH ADDRESS & TELEPHONE #:

**SCHOLARSHIP APPLICATION FORM**

NAME(S) OF HIGH SCHOOL(S) ATTENDED:

CLASS RANKING THROUGH FIRST

SEMESTER OF SENIOR YEAR:

CUMULATIVE GPA THROUGH

FIRST SEMESTER OF SENIOR YEAR:

BEST SAT SCORE: CR: MATH: TOTAL:

BEST COMPOSITE ACT SCORE: \_\_\_\_\_\_\_\_\_\_\_\_ (Can provide 4 breakdowns, if desired)

LIST COLLEGES/TECHNICAL SCHOOLS APPLIED TO (Note: Please state if you have been accepted and if you have decided where going):

YOUR ANTICIPATED MAJOR (Mandatory):

LIST OTHER SCHOLARSHIPS APPLIED FOR:

*The information given on this form is true and accurate to the best of my knowledge.*

*Applicant’s Signature (Initialed) Date*

*Parent/Guardian’s Signature (Initialed) Date*

One page, single spaced, typed essay below that responds to each of the following questions:

* Your motivation for your chosen career/occupation and/or future academic studies
* What life lessons have you learned during the COVID-19 pandemic?